

CITY OF MANCHESTER  
EDUCATION COMMITTEE

ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE YEAR  
1953



EDUCATION OFFICES · DEANSGATE · MANCHESTER



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SCHOOL HEALTH DEPARTMENT,  
EDUCATION OFFICES,  
DEANSGATE, MANCHESTER 3.

*To the Chairman and Members of the Education Committee.*

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the work done by your School Health Service in accordance with the School Health Service and Handicapped Pupils Regulations, 1953.

It is unfortunate that, as usual, in recent years, the Report must include reference to many changes in the staff which invariably cause some dislocation of the Service and loss of valuable time.

Dr. Henry Duguid, Deputy Senior Medical Officer, retired at the beginning of July after nearly 29 years service, of which many were devoted to the physical and mental examination of children referred from Juvenile Courts. His opinion in such cases was widely respected and was enhanced by his training as a barrister. At the time of writing the vacancy caused by his retirement has not been filled, although Dr. Duguid himself has returned to the staff as a part-time medical officer undertaking refraction work and the prescription of spectacles.

Some of the Deputy's work has been shared amongst other medical officers, but this, together with the resignation of a part-time medical officer, has meant a reduction in the time available for routine medical inspection in schools. Dr. T. A. J. Thorp, who had already had previous experience of school medical work, was, however, appointed to fill one of the vacancies about the middle of October.

There have been many resignations and appointments of part-time dental officers during the year, and one, Mr. J. A. McKillop was appointed as a full-time dental surgeon in November.

Some important changes have also occurred in the staff at the Child Guidance Clinic. In accordance with the Committee's decision made the previous year to expand the Service, particularly in its educational functions, Mr. J. McNally was appointed Senior Educational Psychologist in September. He took charge of the general day to day organisation of the Service and Clinic, for which the Senior Medical Officer is administratively responsible to the School Medical Officer and Medical Director of the Service.

Dr. T. R. Malloy had already been appointed, in February, as Senior Consultant Psychiatrist at the Clinic, bringing the total number of psychiatric sessions back to twelve, excluding one session for which the Children's Committee are responsible.

Consultations between Dr. Malloy, Mr. McNally, the Chief Inspector of Schools, and the Senior Medical Officer ensures co-ordination of the various branches of the Educational Service in the interests of Manchester pupils, maladjusted and otherwise.

Two new Speech Therapists were appointed in September, one full-time and the other for eight sessions weekly, bringing the Speech Therapy staff to within 3/11ths of the full establishment.

Other staff changes include the resignation of two physiotherapists and the appointment later of two others. The appointment of a part-time chiropodist was approved and, when this vacancy is filled, the Chiropody Service will be equivalent to one full-time officer.

Changes in staff have also occurred at the residential schools, the most serious being the resignation of the Deputy Matrons at both the residential school for epileptics and the residential school for physically handicapped children. Considerable difficulty is experienced in finding suitably trained nurses for these posts.

Statistics at the end of this report unfortunately show a reduction of about 15% in the number of routine inspections done in schools. This is partly due, as mentioned earlier, to some alteration in medical officers' duties, partly to the unfilled vacancies and partly to the longer time taken to complete individual medical records. The new Ministry records introduced in the entrants group after the Education Act 1944 have now come into use for both the first and second age groups, and their completion has resulted in a reduction of the number of children seen each hour.

The general health of Manchester children, as noted in recent years, continues to show improvement. A small percentage of pupils, however, are still found to be subnormal in health, growth or development, and for these, probably the best form of treatment is the residential open air school. Increased provision for this is expected to be available towards the end of next year with the opening of a new school in Great Moreton Hall, near Congleton.

There has been no great change in the incidence of defects found, with perhaps the exception in the case of impetigo, which continued to increase during the early months of the year. It would appear that the peak has been reached, because fewer cases were found during the latter months.

The increase in the number of part-time medical officers undertaking refraction work has reduced the waiting list for eye testing at nearly all clinics, thus ensuring that most children with defective eyesight are tested every 12 months.

A new departure has been the introduction of a method of blood testing by means of an electronic colorimeter. During recent years, there has been a very definite increase in the number of children for whom iron has been prescribed. At the same time it has been realised that the accepted diagnostic criteriae for such treatment, e.g., general pallor, was unscientific, and with this instrument it is hoped to be able to correlate the external clinical signs with the actual blood picture. This investigation is being restricted in the first place to children referred, on account of anaemia and general debility, for ultra-violet ray therapy.

The number of home visits paid by the "district" school nurses continues to increase for cases of uncleanliness, for diphtheria immunisation,



and adolescents in the B.C.G. Vaccination Trials. For the first mentioned, voluntary cleansing arrangements have been made at a number of school clinics, and many parents have taken advantage of the facilities provided.

One of the great changes the year has seen has been the vastly improved position of tonsil and adenoid cases. Such children are now examined by the consultant soon after being recommended for operation, and although the waiting list for this treatment has been thereby increased, many more operation sessions, especially at Wythenshawe Hospital, have been arranged to deal quickly with the situation.

Other improvements in the Service which are dealt with more fully in the body of the report include the increase in the dental service, in speech therapy and chiropody, the opening of special classes for educationally subnormal children under 8 years of age and for partially sighted children. Further improvements and extensions of the residential provision are being made for other categories of handicapped pupils.

A considerable increase has occurred during the year in the medical examination of adults, both students and staff. The latter from 198 in 1952 to 286 in 1953. Thanks to the very active co-operation of the Medical Director of No. 2 Mass Miniature Radiography Unit, X-ray examinations of certain members of the staff and of school leavers has again been arranged during the year.

My thanks are especially due to Mr. Norman G. Fisher, Chief Education Officer, and to so many members of his staff who, by their generous help and co-operation, have added much, not only to the value of this report, but to the smooth working of the Medical Service throughout the year. I also wish to express by gratitude to the Senior Dental Officer for his work in providing dental treatment not only for children, but for other members of the priority classes in the city; to the dentists, doctors, nurses and administrative staff for their conscientious service during 1953.

Tribute must also be paid to the Senior Medical Officer and his Principal Administrative Assistant who, as usual, have been responsible for the preparation of this report.

Finally I wish to express my appreciation to the Chairman in members of the Education Committee for their careful consideration of recommendations made and for their generous encouragement throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

CHARLES METCALFE BROWN,  
*School Medical Officer*

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# MEMBERSHIP OF THE SCHOOL HEALTH SERVICES SUB-COMMITTEE DURING THE MUNICIPAL YEAR, 1953/54

*Chairman:* Councillor NELLIE BEER

*Deputy Chairman:* Mrs. E. G. F. BIRLEY

THE LORD MAYOR

Alderman W. ROBINSON

Councillor EMILY E. BEAVAN

„ C. A. EARLEY

„ GLADYS LORD

„ WINIFRED MASSEY

„ M. P. PARISER

„ W. M. PARKINSON

„ W. J. PEGGE

„ P. V. WOOD

Mr. E. C. GATES

Mr. H. GRIFFITHS

Rev. W. O'LEARY

Miss DOROTHY PORTER

Dr. MABEL TYLECOTE

Rt. Rev. J. L. WILSON

## APPOINTED BY THE HEALTH COMMITTEE :

*Chairman of the Health Committee :*

Councillor W. CHADWICK

*Chairman of the Maternity and Child Welfare Sub-Committee:*

Councillor LILY THOMAS

*Chief Education Officer:*

N. G. FISHER, M.A.



## STAFF

*Medical Officer of Health and School Medical Officer*

C. METCALFE BROWN, M.D., D.P.H., Barrister-at Law

*Senior Medical Officer (School Health)*

E. MALCOLM JENKINS, M.B., CH.B., D.P.H.

*Deputy Senior Medical Officer (School Health)*

HENRY DUGUID, M.D., D.P.H., Barrister-at-Law (Retired July, 1953)

### *School Medical Officers*

PHOEBE J. M. ARMSTRONG, B.SC., M.B.,  
B.CH.

SHEILA BRIDGEFORD, M.D., D.P.H.

MARGOT COOK, M.D., D.T.M.A.H.

CAROLINE R. CRYSTAL, M.B., CH.B.,  
D.P.H.

ALEXANDER M. DUGAN, M.B., CH.B.,  
D.P.H.

DOROTHY GUEST, M.B., CH.B., D.O.M.S.

GERALD JOHNSON MARKS, M.B., CH.B.

MARY A. J. MELVILLE, M.B., CH.B.

JOAN ELIZABETH NUTTALL, M.B., CH.B.,  
D.P.H.

NORAH REGAN, M.D.

SAMUEL FORSHAW REYNOLDS, M.R.C.S.,  
L.R.C.P.

C. H. PURCER SMITH, M.B., CH.B., D.L.O.

IAN G. TAYLOR, M.B., CH.B.

TOM A. J. THORP, M.B., CH.B., D.P.H.

JOSEPHINE WALMSLEY, M.D., D.P.H.

### *Temporary School Medical Officers (Part-time)*

BRUNO BOAS, M.D.

\*EVA M. BOBASCH, L.R.C.P., L.R.C.S.

MARJORIE BROOKS, M.B., CH.B.

\*SHEILA COBURN, M.R.C.S., L.R.C.P.

HENRY DUGUID, M.D., D.P.H. Barrister-  
at-Law (from 1st Sept., 1953).

GEORGE W. MATTHEWS, M.R.C.S.,  
L.R.C.P.

MARGARET ROBINSON, M.B., CH.B.

WILLIAM F. SCOTT, M.B., CH.B.

ELSPETH CALDERWOOD SMITH, M.A.,  
M.B., CH.B., D.P.H.

D. OSWALD TAYLOR, M.D., B.SC., D.P.H.

### *Consultant Officers (Part-time)*

*Hon. Orthopaedic Surgeon:* Sir HARRY PLATT, F.R.C.S., M.S.

*Hon. Paediatrician:* WILFRID GAISFORD, M.D., F.R.C.P.

*Ophthalmologist:* HARRY V. WHITE, M.C., M.D.

*Oto-Laryngologist:* MAXWELL J. MAXWELL, D.L.O., F.R.C.S.

*Orthopaedic Surgeon:* JOHN L. MANGAN, F.R.C.S.I.

### *Consultant Psychiatrists (Part-time)*

THOMAS ROBERT MALLOY, M.D., D.P.M. (Snr.)      MARGARET PLATT, M.B., CH.B., D.P.M.

ALFRED MODEL, M.D., L.R.C.P., L.R.C.S.      JOHN FREDERICK WILDE, B.A., M.D., D.P.M.

### *Educational Psychologists*

JOSEPH McNALLY, M.A., D.P.A., ED.B. (Senior)      ANTHONY J. YOUNG, M.A., B.ED.

MARGARET A. RILEY (Mrs.), B.A.

### *Psychiatric Social Workers*

ELIZABETH SHEPHEARD (Mrs.) (Senior)

MARGARET FITZPATRICK

\*SARAH B. BUNN (Mrs.)

PAULINE HAMMOND

*Senior Dental Officer:* JAMES BYROM, L.D.S.

*Consultant Orthodontist:* ADRIAN G. BATTEN, L.D.S., R.C.S.

### *Dental Officers*

WILFRED A. ALLEN, L.D.S.      DENNIS G. DORAN, L.D.S.      JAMES MCKILLOP, L.D.S.

BENJAMIN BROWN, L.D.S.      N. B. GLICKMAN, L.D.S.      PAMELA SIMPSON, L.D.S.

ALFRED L. CRAGGS, L.D.S.      GORDON L. LINDLEY, L.D.S.      ROBERT J. PYE, L.D.S.

ELIZABETH TIMPERLEY, L.D.S.

*Part-time Dental Officers:* Eleven.

### *Speech Therapists*

FLORENCE M. ASHWORTH, B.A., L.C.S.T. (Snr.)      BERNADETTE M. PEGGE, L.C.S.T.

SHEILA BLAND L.C.S.T.

CYNTHIA R. BEER, L.C.S.T.

AUDREY WOLSTENHOLME, L.C.S.T.

FRANCES G. JOHNSON (Mrs.), L.C.S.T.

ROSE M. R. BANNISTER (Mrs.), L.C.S.T.

(Part-time)

*Chiropodist (Part-time):* NORAH W. SLOAN

### *Physiotherapists*

Full-time: ARTHUR ALLEN

NORA S. HARRISON

WARDLE, J. E. (Mrs.)

JOAN M. CHURCHILL

HAZEL H. KAY (Mrs.)

MYRA COHEN (Mrs.)

VERA DE LAS CASAS\*

Part-time: DOROTHY J. MAGILL

DAVIDA V. DYER (Mrs.)\*      BRENDA YOUNG

M. E. WHEELER (Mrs.)

*Superintendent School Nurse:* H. B. B. PEDEN

*Principal Administrative Assistant:* K. E. BENSON

\* Resigned in 1953.

## SCHOOL CLINICS

### MISCELLANEOUS MINOR AILMENTS CLINICS INCLUDING DENTAL CLINICS

ANCOATS	..	..	..	Cannel Street, Ancoats, Manchester 4. <i>Tel.</i> COL 2920
CENTRAL	..	..	..	Education Offices, Deansgate, Manchester 3. <i>Tel.</i> BLA 8622
CHEETHAM	..	..	..	Corner of Smedley Street, Cheetham Hill Road, Manchester 8. <i>Tel.:</i> COL 1622
GORTON ..	..	..	..	Gorton Road, West Gorton, Manchester 12. <i>Tel.:</i> EAS 1489
LEVENSHULME	..	..	..	963 Stockport Road, Levenshulme, Manchester 19. <i>Tel.:</i> RUS 1663
MOSTON ..	..	..	..	16 Moston Lane, Harpurhey, Manchester 9. <i>Tel.:</i> COL 1007
NEWTON HEATH	..	..	..	Pilling Street, Oldham Road, Newton Heath, Man- chester 10. <i>Tel.:</i> COL 2646
NORTHENDEN	..	..	..	Bazley Road, Northenden, Manchester. <i>Tel.:</i> WYT 2652
OPENSHAW	..	..	..	1460 Ashton Old Road, Hr. Openshaw, Man- chester 11. <i>Tel.:</i> DRO 1429
SHAKESPEARE STREET	..	..	..	67/73 Shakespeare Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.:</i> ARD 1010
STRETFORD ROAD	..	..	..	263 Stretford Road, Hulme, Manchester 15. <i>Tel.:</i> MOS 1529

### DENTAL CLINICS ONLY

BUTLER STREET	..	..	..	Butler Street, Ancoats, Manchester 4. <i>Tel.:</i> COL 1423
JOHNSON STREET	..	..	..	Johnson Street, Bradford, Manchester 11. <i>Tel.:</i> EAS 1606
MOBILE UNIT	..	..	..	At Benchill School, Wythenshawe, Manchester.

### SPECIAL CLINICS

ORTHOPAEDIC CLINICS	..	..	..	Goulden Street, Oldham Road, Manchester 4. <i>Tel.:</i> DEA 4803
				Lancasterian Special School, Cavendish Road, West Didsbury, Manchester 20. <i>Tel.:</i> DIDS 5172
CHILD GUIDANCE CLINIC	..	..	..	54 High Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.:</i> RUS 3686
SPEECH THERAPY CLINICS	..	..	..	54 High Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.:</i> RUS 3686
				Shakespeare Street Clinic.
				Newton Heath Clinic
				Northenden Clinic
				Gorton Clinic
				Cheetham Clinic
				At Baguley Hall Junior Mixed School, Wythenshawe
				At Crossacres Junior Mixed School, Wythenshawe
CARDIO-RHEUMATIC CLINIC				Education Offices, Deansgate, Manchester 3. <i>Tel.:</i> BLA 8622
OPHTHALMIC CLINIC				
OTO-LARINGOLOGICAL CLINIC				
AUDIOMETER CLINIC				
ORTHODONTIC CLINIC ..	..	..	..	67/73 Shakespeare Street, Chorlton-on-Medlock, Manchester 13. <i>Tel.:</i> ARD 1010



TABLE SHOWING THE AVERAGE NUMBER OF HALF-DAY SESSIONS HELD AT SCHOOL CLINICS IN EACH WEEK DURING THE YEAR

DISEASE OR DEFECT

School Clinic	Examination of Educationally Sub-Normal Pupils	Examination of Epileptic Pupils	Examination of Physically Handicapped Pupils	Examination of Children requiring Convalescent Treatment	Examination for Employment of School Children	Examination of Staff and Teachers	Examination for Defective Vision	Treatment of Miscellaneous Minor Ailments	Treatment of Ear, Nose and Throat Disease	Treatment of Minor Orthopaedic Defects	U.V.R. Treatment	X-Ray Treatment	Chiropody	Dental Treatment
Ancoats .....	1	3	1	1	1	2	3.5	11	11		5	1		7
Central .....	3			1	1		2		4					
Cheetham .....	.5				1		5.5	11	11					6
Gorton .....	1				1		4	11	11	1				7
Levenshulme .....	.5				1		3	11	11					8
Moston .....	.5				1		5	11	11	1			3	8
Newton Heath .....	1				1		6	11	11	1				10
Northenden .....	1				1		6	11	11	1				12
Openshaw .....	.5				1		2	11	11					5
Shakespeare Street .....	2				1		6.5	11	11	1			2	16
Stretford Road .....	2				1		8.5	11	11		5			14
Butler Street .....														6
Johnson Street .....														7
Mobile Dental Unit.....														4
TOTALS .....	13	3	1	1	11	2	52	110	114	4	10	1	5	110

CONSULTANT SERVICES AND SPECIAL CLINICS:

Audiometer Clinic .....	2 sessions
Cardio-Rheumatic Clinic .....	1 session
Child Guidance Clinic .....	13 sessions
Ophthalmic Clinic .....	2 sessions
Orthodontic Clinic .....	5 sessions
Orthopaedic Clinic .....	11 sessions
Oto-Laryngological Clinic .....	3 sessions
Speech Therapy Clinic .....	61 sessions

## RESIDENTIAL SCHOOLS

*Summerseat Open-Air School for Delicate Girls*, near Bury, Lancashire.

*Matron:* Miss T. STOKES. Tel.: Ramsbottom 2165.

*Head Mistress:* Miss LILLIE IRENE ALCOCK.

*Visiting Medical Officer:* Dr. H. KELSEY, Barwood Mount, 179 Bolton Street, Ramsbottom, Lancs. Tel.: Ramsbottom 3149.

*Soss Moss School for Epileptic Children*, Nether Alderley, near Macclesfield, Cheshire.

*Matron:* Miss V. L. LAVELLE. Tel. Alderley 2134.

*Head Master:* Mr. HOWARD BURTON.

*Visiting Medical Officer:* Dr. WM. VILLIERS WALLACE, Alderley Edge, Ches. Tel.: Alderley 2340 .

*The Margaret Barclay Residential School for Crippled Children*, Mobberley Hall, Mobberley, Cheshire.

*Matron:* Miss N. M. A. TOWNEND. Tel.: Mobberley 2121.

*Head Mistress:* Miss ELSIE J. DUFFY.

*Visiting Medical Officer:* Dr. CHAS. HUBERT GATTIE, Mobberley, Cheshire. Tel.: Mobberley 2158.

*Styal Open-Air School for Delicate Boys and Girls*, Styal, Cheshire.

*Matron:* Miss U. M. BRIDGEWATER. Tel.: Wilmslow 2393.

*Head Mistress:* Miss MARY WEBSTER.

*Visiting Medical Officer:* Dr. RALPH EDMONDSON, "Earlsdene", Albert Road, Cheadle Hulme, Stockport. Tel.: HULme Hall 527.

*Bostock Hall Residential School for Educationally Sub-Normal Pupils*, Middlewich, Cheshire. Tel.: Middlewich 3252.

*Head Mistress:* Miss MONA EDWARDS.

*Visiting Medical Officer:* Dr. R. D. JONES, Ivy House, Middlewich., Cheshire. Tel.: Middlewich 130.

## DAY SPECIAL SCHOOLS AND CLASSES

*Day Open-Air School for Delicate Children*., Middleton Road, Crumpsall, Manchester 8.

*Head Mistress:* Miss F. M. NIELD. Tel.: CHE 1073.

*Visiting Medical Officer:* Dr. MARY A. J. MELVILLE.

*Lancasterian Day Special School for Crippled Children*, at Dr. Rhodes Memorial Home, Cavendish Road, West Didsbury, Manchester.

*Head Mistress:* Miss E. SLINGER. Tel.: DID. 5172.

*Visiting Medical Officer:* Dr. CAROLINE R. CRYSTAL.

*Cheetham Special School for Educationally Sub-Normal Pupils*, Smedley Street, Manchester 8.

*Head Mistress:* Miss GLADYS E. MURRAY. Tel. COL 2548.

*Emlden Street Special School for Educationally Sub-Normal Pupils, Hulme, Manchester 15.*

*Head Mistress: Miss EDITH HILL. Tel.: MOS 3171.  
Manchester 12.*

*Head Master: Mr. ROBERT LEWIS. Tel.: EAS 1922.*

*Gorton Special School for Educationally Sub-Normal Pupils, Belle Vue Street, Gorton,*

*Grange Street Special School for Educationally Sub-Normal Pupils, Bradford, Manchester 11.*

*Head Master: Mr. JAMES T. WESLEY. Tel.: EAS 1740 .*

*Hague Street Special School for Educationally Sub-Normal Pupils, Newton Heath, Manchester 10.*

*Head Master: Mr. HERBERT GILL. Tel.: COL 1969.*

*Sharston Special Class for Educationally Sub-Normal Pupils, Sharston and Royal Oak Schools, Wythenshawe.*

*Teacher-in-Charge: Mr. J. TIMS.*

*Harpurhey Nursery Unit for Educationally Sub-Normal Pupils, Beech Mount, Harpurhey Manchester 10.*

*Teacher-in-Charge: Mrs. M. REES.*

*Old Moat School Special Class for Partially Sighted Pupils, Withington, Manchester 20.*

*Teacher-in-Charge: Mr. H. T. AINSWORTH.*

*Bank Meadow School Special Class for Partially Sighted Pupils, Ardwick, Manchester.*

*Teacher-in-Charge: Mrs. J. MCMINN.*

## HOSPITAL SCHOOLS

*Abergele Sanatorium School, North Wales.*

*Head Mistress: Miss MABEL PARK. Tel.: Abergele 2295.*

*Booth Hall Hospital School, Charlestown Road, Manchester 9.*

*Head Master: Mr. LESLIE CUNLIFFE, B.Sc. Tel.: CHE 2254.*

## HOSTEL

*Ribble Lodge Hostel for Educationally Sub-Normal Pupils, Dickenson Road, Manchester 14. Tel.: RUS 5294.*

*Warden: Miss GLADYS E. MURRAY, Head Mistress, Cheetham Special School.*

*Visiting Physician: Dr. J. N. L. THOSEBY, 78 Stanley Grove, Manchester 12.*



## SUMMARY

The following table outlines, under the main headings, the volume of work undertaken during the year.

"Periodic" medical inspection in schools	..	..	..	..	..	24,004
"Special" medical inspection in schools and clinics	..	..	..	..	..	53,416
Re-inspection in schools and clinics	..	..	..	..	..	63,353
Dental Inspection—periodic and special	..	..	..	..	..	52,044
Dental Treatment—number treated	..	..	..	..	..	27,627
Inspections by nurses in schools for uncleanness	..	..	..	..	..	394,224
Cleansing notices issued	..	..	..	..	..	736
Pupils cleansed compulsorily	..	..	..	..	..	122
Inspections by nurses in school—other than uncleanness	..	..	..	..	..	21,363
Home visits by nurses	..	..	..	..	..	12,075
Attendances at clinics (excluding dental clinics)	..	..	..	..	..	320,547
Attendances at dental clinics	..	..	..	..	..	50,322
Minor ailments treated (excluding uncleanness)	..	..	..	..	..	20,590
Diphtheria—pupils immunised	..	..	..	..	..	13,225

## CITY OF MANCHESTER

### GENERAL STATISTICS

Area, in acres	..	..	..	..	..	..	..	..	27,255
Population	..	..	..	..	..	..	..	..	705,400
Rateable value	..	..	..	..	..	..	..	..	£6,625,570
Product of Penny rate (estimated)	..	..	..	..	..	..	..	..	£26,400
<i>School Population (January, 1954):</i>									
Number of primary and secondary school departments	..	..	..	..	..	..	..	..	382
Number of children on registers	..	..	..	..	..	..	..	..	110,557
Number of special schools	..	..	..	..	..	..	..	..	14
Number of children on registers	..	..	..	..	..	..	..	..	1,487

## MEDICAL INSPECTION

Medical inspection of the age groups prescribed by the Handicapped Pupils and School Health Service Regulations 1945, continued during the year. These groups are :—

- (1) Children in their first year of school attendance.
- (2) Children in their last year of attendance at a primary school.
- (3) Children in their last year of attendance at a secondary school.

In addition, children are specially examined at the request of parents, teachers or school welfare officers, to determine if they need supervision or treatment, and re-inspections are undertaken of children noted at previous inspections to be suffering from defects not requiring immediate treatment.

The results of medical inspection are to be found in Tables I and II at the end of this report. The number of children examined in school has fallen by approximately 15% from 1952. This is mainly due to resignations amongst the medical staff, leaving vacancies which could not immediately be filled. This fall is reflected in a decrease in the number of defects found. There appears to be no other significant change in the incidence of defects found at school medical inspection.

The assessment of the general condition of children examined, however, shows that the improvements noted in previous years continues. A comparative table from 1946 onwards is appended.

*A* = Excellent ; *B* = Normal or Average ; *C* = Sub-normal or Poor.

<i>Year</i>	<i>Number Examined</i>	<i>Category</i>		
		<i>A</i> %	<i>B</i> %	<i>C</i> %
1946 .....	18,539	17·22	78·09	4·69
1947 .....	24,869	16·55	78·73	4·71
1948 .....	25,878	22·4	74·1	3·4
1949 .....	25,993	25·8	71·4	2·8
1950 .....	29,000	32·2	65·4	2·3
1951 .....	29,578	30·15	67·19	2·66
1952 .....	28,744	32·1	65·7	2·2
1953 .....	24,004	34·4	63·5	2·1

The School Health Service and Handicapped Pupils Regulations 1953, which came into operation on August 4th, have given the School Health Service greater discretion in making medical inspection arrangements. Consideration is being given to the amendment of the present scheme, and also to the submission of an experimental scheme to the Minister for approval as suggested in paragraph 10 of Circular 269.

One of the medical officers has contributed the following brief statement about colour vision testing.

“It has been the practice to use the wool test as the basis of detecting colour blindness at school inspections. It is recognised that this test falls short in detecting even many of the more severe colour blind children. The wool test has been replaced by the Ishihara card test on one district in the city and has been used in the second and third age group range as part of the routine inspection. This method is



very rapid indeed taking only a few seconds to confirm that a child has normal colour vision, yet detecting accurately any deviation from the normal.

Many of the children and often the parents are quite unaware of their inherent disability which may have a profound bearing on any child's future career. Cases are known to all where a boy has been rejected from such careers as the Merchant Navy on his colour vision disability alone, which should have been detected during his school life.

The routine adopted has been to explain to any child found with colour blindness, and if possible to his parents, the danger which he may be to himself and others by taking employment where coloured signals must be distinguished or where fine variations of colour are important, as in the textile trade. Much disappointment and heart burning may be avoided by this simple test and the child's fear allayed by a simple explanation at the time of the examination.

Nobody has investigated yet the possibilities of colour blindness as a cause of traffic accidents, especially at traffic lights but we may be doing a piece of very important preventative medicine by our simple and rapid testing."

## TREATMENT

A summary of the medical and special educational treatment provided is shown below under the various headings. Following the appointment of two additional speech therapists, one full-time and one part-time, the number of speech therapy sessions was increased. Reference to chiropody treatment is made elsewhere in the report.

- (a) School Clinics.—Treatment of minor ailments, defective vision, skin diseases, ear disease, ultra-violet ray, X-ray treatment of scalp, ringworm and other infections of the skin.
- (b) School Dental Clinics.—Treatment of dental caries, extractions and orthodontic treatment.
- (c) Special Clinics.—(1) Child Guidance, (2) Orthopaedic, (3) Audiometer, (4) Speech Therapy, (5) Ear, Nose and Throat, (6) Ophthalmic, (7) Cardio-Rheumatic, (8) Breathing Exercises, (9) Chiropody.
- (d) Day Special Schools.—(1) Educationally Sub-Normal Pupils, (2) Crippled Pupils, (3) Delicate Pupils.
- (e) Residential Schools.—(1) Crippled Pupils, (2) Epileptic Pupils, (3) Delicate Pupils, (4) Educationally Sub-Normal Pupils, (5) Hostel for Educationally Sub-Normal Pupils.
- (f) Hospital Treatment by special arrangement at Booth Hall Children's Hospital with internal school unit and at Wythenshawe Hospital for operative treatment of diseased tonsils and adenoids.
- (g) Convalescent Treatment.—At Convalescent Homes (excluding residential schools) provided by the Health Committee and other agencies.

Parents are always given the option of obtaining treatment for their children either from a private doctor, or at a school clinic. Where treatment is given other than by the School Health Service the children concerned are kept under supervision by school nurses, to ensure that adequate treatment is being obtained. Where any doubt exists, parents are invited to attend the Central Clinic to explain to the Senior Medical Officer or the Superintendent of School Nurses the reason for the apparent neglect. The thoroughness of the nurses' "follow up" procedure is shown by the fact that in only seven cases was the latter procedure considered necessary.

The willing co-operation of medical practitioners and hospital medical officers, teachers and welfare officers, in supplying information materially assists in this supervision work.

At the Committee's residential schools and hostel, medical supervision is provided for the pupils by local practitioners who visit each school regularly every week, and also in any emergency. In addition they examine all children immediately after their admission, and also when it is considered that children are ready for discharge.

In one school the doctor conducts a full medical examination each year of all the children on similar lines to the routine medical inspection in ordinary schools. In other residential schools whose pupils remain for long periods the routine yearly medical inspection is undertaken by one of the school medical officers.

## SCHOOL CLINICS

During 1953 the total number of attendances at all clinics (excluding attendances for dental treatment) was 320,547, as compared with 371,554 in 1952 and 318,526 in 1951. The total attendances at the dental clinics in 1953 was 50,322, 47,694 in 1952 and 39,650 in 1951. Some details are given below of the various minor ailments for which children received treatment. The collective figures are shown in Table IV at the end of this report.

### RINGWORM

The diagnosis and treatment of ringworm of the scalp and the treatment of warts and verrucae suitable for X-ray therapy, has been continued at the Central Clinic. Of the 17 new cases of suspected ringworm of the scalp examined, three were found to have infection with the causative fungus, and specimens were referred to the Department of Cryptogamic Botany at the Manchester University for diagnosis of the type. No cases of human type occurred during the year and all the cases responded to treatment with mercurial ointment. X-rays were, however, used in the treatment of 143 cases of warts and 16 cases of verruca.

The X-ray apparatus was re-calibrated in March by a Physicist from the Christie Hospital and Holt Radium Institute, and the help given in this matter by the staff of the institute, both this year and last, is much appreciated. The total number of cases of ringworm of the body treated at the district clinics was 38.



## SCABIES

During the year 266 children were treated for scabies at the school clinics. This is an increase of 97 on the previous year. No change has taken place in the manner of treatment which, as in former years, consists of baths and the application of Benzyl-Benzoate Emulsion. All cases are reported to the Health Department so that members of the families not of school age may also receive treatment at the same time if it is necessary.

## IMPETIGO

There was a steady decrease in the numbers of children treated for this disease from the year 1947 (1,765 cases) to 1950 (585 cases) but since the latter year there has been a yearly increase and in 1953 the number treated, *i.e.*, 1,716, is almost back to the 1947 level. This increase has been noted in other places in the region and has been the subject of some bacteriological and other investigations.

## OTHER SKIN DISEASES

There was a slight decrease in the number of other skin diseases treated, 6,239, in 1953 as against 6,610 in 1952. The total number of skin diseases treated at school clinics in 1953 was 8,264, only a slight increase on the total for 1952 which was 8,107. The number found by school medical officers in the course of routine medical inspection in schools however was 162 less than in 1952.

## EYE DISEASE

There was a slight increase in the number of cases of eye disease treated, 3,319 in 1953 as compared with 3,071 in 1952.

## DEFECTIVE VISION

In 1953, 12,481 children had vision tests at school clinics and glasses were prescribed for 5,411. When glasses have been prescribed the child concerned is given an appointment some weeks later so that it can be ascertained if the glasses have been obtained and whether or not they are in accordance with the prescription. Afterwards such children are seen in school by the school nurses once each quarter to ensure that the glasses are still being worn, are in good condition and fitting correctly. These children are also given appointments to attend the school clinic at yearly intervals in order to ascertain whether there is any change in the vision necessitating a new prescription. Children with slightly defective vision for whom glasses are not prescribed, are also periodically examined at the clinics.

Children who are found on examination at the clinics to have more serious diseases and defects of the eyes are referred for further examination at the Central Clinic by the Committee's Consultant Ophthalmologist. A detailed report on the work of this clinic is given in later pages of this report.

## MISCELLANEOUS MINOR AILMENTS

In 1953, 20,590 children attended for treatment for minor ailments



compared with 22,986 in the previous year. These ailments are not usually of a serious nature and include minor injuries sustained by children as a result of accidents in school and elsewhere.

EAR, NOSE AND THROAT DEFECTS

During the past year 8,133 children have been examined at the school clinics for defects of the ear, nose and throat. Of these, operative treatment was given to 26 children with minor nose and throat conditions; to 768 children suffering from enlarged tonsils and/or adenoids and other nose and throat conditions, and to 14 children suffering from ear disease. This operative treatment was carried out at Booth Hall Hospital and at Wythenshawe Hospital under arrangements made by the School Health Service in co-operation with the Regional Hospital Board. The remainder were cases of ear disease and nasal catarrh which received non-operative treatment. A report on the work, by the Consultant Oto-Laryngologist, Mr. M. J. Maxwell, will be found later in this report.

REMEDIAL EXERCISES

As in previous years, a part-time physiotherapist, under the general supervision of a medical officer, has treated children with minor orthopaedic defects, mostly flat feet and postural defects. The treatment consists of remedial exercises and is given to small groups of children on one session each week at each of four school clinics. Each child is medically examined before, during and after treatment. The following table gives details of the number of children treated.

	<i>Gorton</i>	<i>Newton Heath</i>	<i>Northern- den</i>	<i>Shakes- peare St.</i>	<i>Total</i>
No. of new cases referred	71	126	120	52	369
No. of cases treated—					
(a) Posture .....	6	42	34	30	112
(b) Flat feet .....	40	90	112	117	359
(c) Other .....	18	64	40	32	154
Cases discharged—					
(a) Posture .....	1	28	7	4	40
(b) Flat feet .....	14	40	36	9	99
(c) Other .....	12	35	25	3	75
Total attendance .....	723	1416	556	695	3390

BREATHING EXERCISES

The medical officer responsible for the supervision of this type of treatment reports:—

“Breathing exercises for asthmatics, poor chest expansion and mouth breathers continued during 1953.

“Each case was medically supervised every three months and the progress noted. Most cases which attended regularly improved but the co-operation of the mother is essential as treatment comprises more than the exercises given in the clinic.

“332 cases were treated, 79 of which were discharged as fit, 17 were transferred to the Day or Residential Open Air Schools where their exercises were continued and 168 still attend for treatment.

“The clearness of expression and improvement in looks and posture of the children justify the time spent and we look forward to continued improvement in our big problem of the asthmatic child.

“The treatment is long and sometimes discouraging but when 79 children are fit to be discharged in one year thanks must be given to the nurses for their painstaking work”.

C. R. CRYSTAL.

### ULTRA-VIOLET RAY THERAPY

One of the medical officers concerned has submitted the following report on artificial sunlight treatment and haemoglobin estimation. His colleagues are in agreement with his views and the comments of one of them are appended.

“The work has continued at Ancoats and Stretford Road Clinics under the supervision of medical officers who attend each clinic twice weekly.

The number of cases referred is comparable with last year and the number treated has remained much the same. Many of the cases are referred as ‘debility’ and constitute a large proportion of the total. They are children who are not progressing satisfactorily either physically or mentally. The three monthly period of treatment affords good opportunities for investigating these children more thoroughly and advising and guiding the parents in the restoration and maintenance of health. Often these children are surrounded by difficult social circumstances, of which poor housing and ineffectual home management remain foremost.

Many of these cases are similar to those classified as ‘anaemia’ and often one group merges into another; some of the ‘anaemics’ might well be classified as ‘debility’. Often pale children are sent as ‘anaemia’ but this anomaly should be rectified now that haemoglobin estimation is done in every child coming for U.V.R. to Ancoats Clinic. This group of children, suffering from debility, is a vague mixed bag of conditions which offers rich material for investigation and more accurate diagnosis. This indeed emphasises the growing need of linking our epidemiological studies with laboratory and clinical techniques and brings a challenge as to the aetiology of these conditions in our communities. This group may even be a pointer to a deeper need in the school communities as a whole.

These children who are referred for U.V.R. for debility and anaemia may be the worst cases, or children of over-anxious parents, but there must be gradations of ill-health. Perhaps we need to pay more attention to this epidemiological study of disease by combining clinical techniques with field survey work. Indeed this small group may be calling our attention to a deeper underlying deficiency which may be the result of our society”.

IAN TAYLOR.



“I agree with Dr. Taylor’s general remarks. I would like to add that a very large proportion of the children are sent for treatment suffering from coughs, colds and allied catarrhal conditions.

A majority of the children show an improvement at the end of approximately three months’ treatment. During the course of U.V.R. parents, nurse and medical officers can establish a close contact and discuss the child’s mental and physical condition at some length and depth. I believe that a degree of improvement in feeding habits, in sociological outlook, and in child-parent relationship can be brought about by these discussions. These improvements, allied to the U.V.R. are, in my opinion, the main factors in the general improvements”.

P. J. M. ARMSTRONG.

The following table shows details of the number of children and the types of disease treated by ultra violet ray therapy at Stretford Road and Ancoats School Clinics. A further reference to this form of treatment is made in the sections dealing with the treatment of physically handicapped children.

TABLE OF DEFECTS

<i>Disease.</i>	<i>Remaining under Treatment at 31st Dec. 1953</i>		<i>Discharged (Treatment completed)</i>		<i>Ceased to attend before Treatment completed</i>	
	<i>Improving</i>	<i>Stationary</i>	<i>Improving</i>	<i>Stationary</i>	<i>Improving</i>	<i>Stationary</i>
Adenitis . . . . .	1	7	7	—	—	2
Anaemia . . . .	4	8	24	8	1	11
Asthma . . . . .	3	5	5	6	3	5
Alopecia . . . .	1	—	—	—	1	1
Bronchitis . . . .	17	26	67	32	4	33
Bronchiectasis	—	1	—	—	—	—
Debility . . . . .	31	44	159	58	10	72
Nasal Catarrh	17	31	52	17	5	16
Psoriasis . . . . .	—	1	2	3	—	4
Rheumatism ..	—	—	3	1	—	1
	74	123	319	125	24	145

No. of children treated	.. .. .	810
„ discharged (treatment completed)..	.. .. .	444
„ who ceased to attend before treatment complete	169	
	—	613
„ still under treatment, December 31st, 1953	.. ..	197
„ Treatments given	.. .. .	11,392

## HAEMOGLOBIN ESTIMATION

Estimation of haemoglobin by the colorimetric method was started during the year at Ancoats Clinic on two sessions each week.

The scheme was initiated to collect statistical data regarding the incidence of pallor and its significance as an indication of anaemia. Children seen by medical officers at school inspection and at clinics are referred to Ancoats Clinic, where a history is taken and a full examination made of the child and the haemoglobin percentage estimated. Special care is taken to discover the social setting of the family and nutrition. Where a degree of anaemia is found, this is corrected by advice to the parents and supplemented by iron therapy.

So far, it has been found possible to see ten children at a session following the normal U.V.R. treatment session on Tuesday and Friday afternoons. There would appear to be little relationship, if any, between pallor and anaemia in the number of children seen, but it is yet too early to make any authoritative statement.

## THE SCHOOL NURSING SERVICE

The year 1953 has brought many changes to the School Nursing Staff, which has suffered the loss of five members who retired after many years of conscientious service, all of them having been pioneers in the work of School Health Nursing in Manchester. Four others also left the staff, one to take up an appointment with the World Health Organisation, another to take midwifery training and two others for domestic reasons, while a fifth was given leave of absence to train for the Health Visitors Certificate under the Committee's Scheme.

Difficulty was found in replacing these losses to the staff, and in view of the fact that the establishment had been previously reduced by three this made the burden of work on the remainder very heavy indeed. Six school nurses were appointed and took up duties during the year, while a further three were appointed in December and will commence duties in January, 1954, when it is hoped that the staffing position will be greatly eased.

## CLEANLINESS OF SCHOOL CHILDREN

It is gratifying to report that the year 1953 has brought a reduction in the rate of head infestation amongst children attending Special Schools, nursery classes and babies classes, and that the rate in the nursery schools remains almost the same as in the year 1952. In the case of the primary and secondary modern schools, however, it is regretted that there has been a slight increase in the rate of head infestation, especially amongst the older girls.

The total number of inspections of children for uncleanliness in schools is less this year than last, but this is due to the fact that there has been a depleted staff for the greater part of the year and considerably more time has been spent in home visiting.

The figures in the following tables give a detailed account of the work done in the schools and the number of home visits paid.

TABLE I

	Primary Schools		Special Schools	
	1952	1953	1952	1953
(1) Average number of visits to schools .. .. .	18	14	12	11
(2) Total number of examinations of children for uncleanliness .. .. .	288,746	300,091	2,739	2,156
(3) Total number of individual children found unclean ..	8,950	9,539	121	80
(4) Total number of examinations other than uncleanliness .. .. .	30,777	21,238	356	115
(5) Total number of home visits	7,266	11,903	4	21
(6) Total number of new "medical defects" found at School Nurses General Inspection .. .. .	2,245	2,708	27	7

	Nursery School		Nursery Classes		Babies' Classes	
	1952	1953	1952	1953	1952	1953
(1) Average number of visits to schools .. .. .	28	27	27	22	28	31
(2) Total number of examinations of children for uncleanliness .. .. .	7,321	5,262	89,133	70,197	20,281	16,528
(3) Total number of individual children found unclean ..	26	28	748	643	196	149
(4) Total number of examinations other than uncleanliness .. .. .	9	—	26	5	1	5
(5) Total number of home visits	11	4	119	118	13	29
(6) Total number of new "medical defects" found at School Nurses General Inspection .. .. .	14	3	288	230	50	89



TABLE II

Number of cases of uncleanness carried forward from 1953 to 1954 compared with those carried forward for 1952 to 1953 :—

	Primary Schools	Special Schools	Nursery Schools	Nursery Classes	Babies' Classes
1952 to 1953 . . . .	1,169	21	—	4	6
1953 to 1954 . . . .	1,594	14	—	16	—

Details of the number of examinations of children from all types of school are set out in Table III.

TABLE III

Number of inspections of children for uncleanness .. .. .	394,224
Number of individual children found unclean .. .. .	10,439
Number of cleansing notices issued .. .. .	736
Number of cleansing orders issued .. .. .	222
Number of children compulsorily cleansed .. .. .	122
Number of children voluntarily cleansed .. .. .	256
Number of uncleanness home visits .. .. .	1,147
Number of inspections of children in school for conditions other than uncleanness .. .. .	21,363
Number of "medical follow-up" home visits .. .. .	10,928
Number of uncleanness cases seen at Deansgate (Advisory Clinic) .. .. .	2,567
Number of cases supplied with D.D.T. at school clinics .. ..	3,610
Number of cases supplied with medicated shampoo at Ancoats Clinic .. .. .	523

### CLEANSING NOTICES AND ORDERS

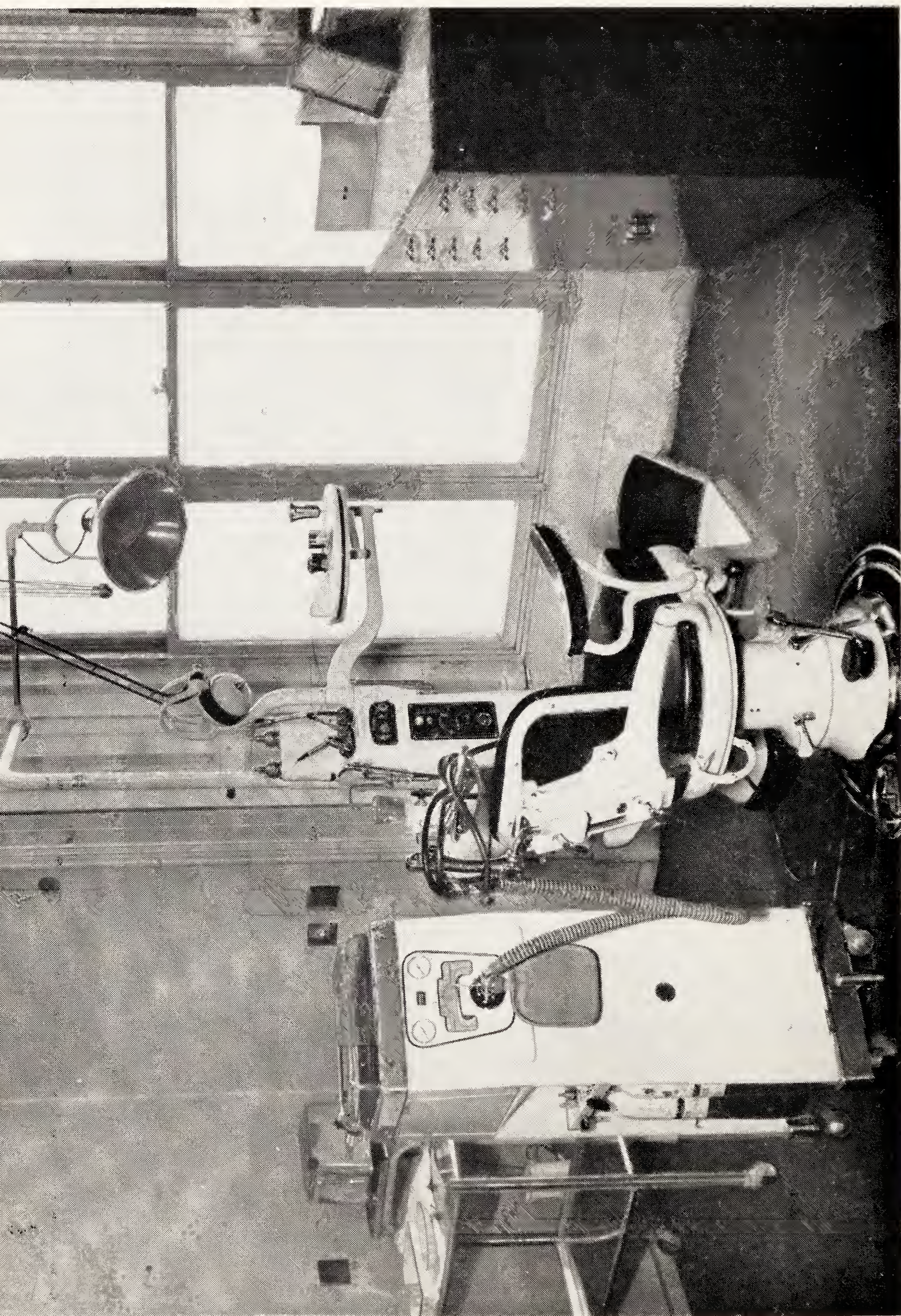
While there has been no reduction in the number of cleansing notices issued this year and very little in the number of cleansing orders, it is pleasing to note that the number of children compulsorily cleansed has reduced itself by 20% on last year's figures. This may be due to home visiting which gives more contact between the parents and the school nurses and to the system of voluntary cleansing of infested children in the larger school clinics, which was introduced towards the end of 1952 with a view to helping problem families and others in domestic difficulties.

### CENTRAL ADVISORY CLINIC

This clinic, as its name implies, is mainly a teaching clinic, and parents attending are carefully shown the correct method of cleansing their children's hair. The results of this are evident from the fact that of the 1,577 new cases which attended during the year 1,099 have remained clean.







*One of the Committee's Dental Surgeries*



## ULTRA VIOLET RAY THERAPY

The number of children treated was practically the same as in the previous year, while the number of treatments given was considerably increased. Figures comparing the work done during the past two years are shown below :—

	1952	1953
Number of children treated .. .. .	808	810
Number of children discharged—treatment completed .. .. .	472	444
Number of children who ceased attending before completion of treatment .. .. .	146	169
Number of children still under treatment, Dec. 1953	190	197
Number of treatments given .. .. .	10,128	11,392

Further reference to this work, undertaken by specially trained nursing staff, appears in the “School Clinics” section of this report.

## GRAMOPHONE AUDIOMETER TESTS

Unfortunately, owing to staffing difficulties, it has not been possible to carry out as many hearing tests during the year as had been hoped. It is estimated that since this service started all junior and senior children attending primary and secondary modern schools have had their hearing tested and have been referred for treatment where necessary. For this reason, the nursing staff responsible for this work are now concentrating on the younger rather than the older children in the hope that any defect will be detected at as early an age as possible. Figures to compare the amount of work done during the past three years are as follows:—

	1951	1952	1953
Number of children tested .. .. .	9,742	21,306	18,273
Number of children with normal hearing ..	9,028	20,000	17,019
Number of children re-tested .. .. .	714	1,306	1,254
Number of children with normal hearing after re-test .. .. .	463	816	746
Number of children with defective hearing after re-test .. .. .	251	490	508

## HOME VISITING

More time has been spent during the year on this aspect of the work of School Health Nursing. Direct contact between parents and school nurses is a necessary feature of the work of the School Health Service, for by this means parents can be taught and encouraged towards a healthy way of living both for themselves and for their families.

It is hoped to develop this side of the work in order to promote still better co-operation between parents and members of the School Health Staff.

## REMEDIAL BREATHING EXERCISES

This method of treating children suffering from asthma and other allied complaints still continues to meet with some success. The number of children who received treatment during the year was 332 as compared with 256 in 1952; of this number, 79 were discharged fit and 17 were transferred to Day and Residential Open Air Schools, while a further 168 were still attending for treatment at the end of the year.

## B.C.G. ANTI-TUBERCULOSIS VACCINE TRIALS.

As stated in previous reports, Manchester was selected as a centre for the trial of B.C.G. Anti-Tuberculosis Vaccine, and this still continues to give added work to the district staff who during the year have paid 5,683 visits to the homes of 3,279 adolescents, and also to the clinic staff who helped with the clinical investigations.

## OTHER DUTIES.

As in previous years, various other activities have been included in the work of the School Health nurses. Student Health Visitors from Manchester College of Technology spent one month in the department for the purpose of gaining practical instruction in School Health nursing by attending medical and uncleanliness inspections in schools, observing at the various school clinics, and accompanying the school nurses when home visiting.

Students from the Manchester College of Housecraft and trichology students from the Manchester College of Technology also attended at several of the school clinics for observation purposes.

H. B. B. PEDEN.

## THE SCHOOL DENTAL SERVICE

The establishment remains at one senior dental officer and 18 dental officers, with the need for 36. The year started with the equivalent of  $12 \frac{7}{11}$  dental officers and with much fluctuation finished at 10 full-time and 10 part-time officers and a part-time anaesthetist, giving an equivalent of one senior and  $13 \frac{4}{11}$  officers. The Committee's policy to employ part-time assistance has been pursued.

There are 15 surgeries, all of which have been in use, some of them part-time. The four mobile units are on site, one at Soss Moss Residential School, one at New Moston Infants' School and two at Benchill School, one of the latter being used as a waiting room. More permanent surgery accommodation is urgently needed in the Wythenshawe area and in the north of the City.

It is pleasing to report that the steady annual increase in the work done for the school children noticed since 1950 has been maintained this year. The statistical Table V in the Appendix gives details, and to these should be added 155 completed orthodontic cases, 235 dentures fitted, 12 artificial tooth crowns for front teeth, five inlays, root canal treatments, etc. An interesting clinical case undertaken by Mr. Allen is worth reporting. A child aged 5 years came to the clinic for the first time and, on examination, it was found that no teeth were present in the upper jaw and only six in the lower jaw. Artificial plastic dentures were fitted to replace the lost baby teeth. Follow-up shows that the dentures are being worn regularly, and the little boy is able to satisfy his passion for eating nuts, a pleasure denied him for the previous two years !



The scheme for the dental care of mothers and young children, agreed with the Health Committee, is now functioning at the Committee's surgeries at Moston Lane, Shakespeare Street, Levenshulme, Stretford Road and Northenden. The dental officers at these school clinics give part-time service to the treatment of patients referred from the Maternity and Child Welfare Centres. This is a service made obligatory on the Local Health Authority by the National Health Service Act, 1946, Section 22.

The orthodontic treatment continues to be given for children with irregular teeth. This branch of dentistry is particularly satisfying to people competent to undertake it. The table gives details of the work done during the year :—

Number of attendances for advice and treatment	.. .. .	2,980
„ appliances (fixed and removable) fitted	.. .. .	300
„ completed cases	.. .. .	155

414 cases of overcrowding were treated by extraction of teeth, no appliance being considered necessary.

The work of the dental laboratory is maintained at a high standard and is indispensable to the efficient discharge of the duties of the department. The table indicates the work done :—

Number of orthodontic appliances made	.. .. .	314
„ dentures made	.. .. .	235
„ repairs to dentures	.. .. .	76
„ metal caps cast	.. .. .	41
„ inlays cast	.. .. .	5
„ special impression trays cast	.. .. .	7
„ models cast and trimmed	.. .. .	2,801
„ artificial teeth made	.. .. .	12
„ dental handpieces overhauled	.. .. .	10

In addition to this, work has been done for the Health Committee, including making 64 dentures for adult patients.

The Committee has agreed with the Health Committee to the joint appointment of a dental hygienist who will work at Shakespeare Street Clinic. It is hoped that this branch of the dental service will start in April, 1954.

During the year a detailed examination of the incidence of dental decay was made on a cross-section of the 5-year-old and 12-year-old children of the City, at the request of the Ministry of Education as part of a national survey. Six other Local Authorities in different parts of England and Wales also assisted at this investigation, which is a follow-up of one made in 1948. The time was opportune, as 1948 may be considered as the last period of war-time diet; and, in 1953, sugar, confections and white bread were available in unlimited quantity. The comparative results of the two surveys are not yet to hand from the Ministry and are awaited with interest, as some further light may be thrown on the relationship between diet and dental caries in the young child.

Students from Manchester Training College, Long Millgate, visited Shakespeare Street Clinic and saw part of the routine of a dental service. The co-operation of the teaching staffs is a great asset to a school dental service, and the visit of the students was welcomed.

The X-ray department of the Dental Hospital continues to take our cases and 201 patients were examined for various irregularities and morbid conditions, and thanks are due to the Director of the Hospital and the Head of the Department. Patients giving a suspicious history of bleeding are referred for blood coagulation tests at Booth Hall Hospital before extractions are performed. Seven such cases were sent and thanks are tendered to the Medical Superintendent for this co-operation.

The writer attended the annual meeting of the British Dental Association in Buxton in July and demonstrated some orthodontic cases, and he wishes to thank the Committee for the opportunity to attend this meeting.

The answer to the problem of dental decay is being sought from all angles by research workers of international standing. Meanwhile, the task confronting the clinician is great. Interest is still being shown in the matter of training ancillary workers to perform certain routine operations in the mouth. These auxiliaries should not be confused with dental hygienists whose duties are restricted to the scaling and cleaning of the teeth. Reference was made to this in the 1951 report, and the Dentists Act, 1921, would have to be altered to allow for this expansion.

In the U.S.A. a great public health measure has been in progress since 1945, whereby the results of the addition of minute quantities of a fluorine salt to drinking water is being investigated. It is known that people living in localities having naturally occurring fluorine in the water have a lower caries incidence than other people. In 1952, a mission from the United Kingdom was sent by the Minister of Health to see the undertakings, and the members reported unanimously in favour of such measures in selected localities in Great Britain under supervision and control.

The Children's Department of the Dental Hospital continues to give treatment to the children of three of the Committee's schools, and I conclude this report with the remarks of Mr. J. Miller, M.D.S., Head of the Department at the Hospital. His comment on the necessity for early treatment should be noted. The dental work indicated is not included in Table V.

"Number of attendances	..	..	..	..	..	..	..	..	..	4,412
„ permanent fillings	..	..	..	..	..	..	..	..	..	972
„ deciduous fillings	..	..	..	..	..	..	..	..	..	413
„ permanent extractions	..	..	..	..	..	..	..	..	..	334
„ deciduous extractions	..	..	..	..	..	..	..	..	..	1,052

The control of dental caries in the permanent teeth of this group of school children has been continued by both orthodontic conservative methods and by the application of Copper Cement. Both of these methods have proved satisfactory and further comparative studies are



being made. The control of caries in the deciduous teeth of children who receive their first dental treatment on joining school after the age of 5 years is a more difficult problem.

The large number of deciduous teeth extracted this year is an indication of teeth which, at first inspection, were found to be too carious for conservation, and underlines the need for children to commence dental treatment before they commence school at the age of five."

JAMES BYROM.

### CHILD GUIDANCE SERVICE

Following the Committee's review of the organisation and functions of the Child Guidance Service in 1952, the initial steps of expansion were taken this year after the appointment of the Senior Consultant Child Psychiatrist, Dr. Thomas R. Malloy, in February, and the Senior Educational Psychologist, Mr. J. McNally, in September.

A series of discussions between the Senior Medical Officer, the senior officers of the clinic and the Committee's Inspectorial staff have been held. Mention of the preliminary developments in the educational field, together with a summary of the work done during the year, is made in the report of the Senior Educational Psychologist, which follows:—

"The usual work at the clinic has continued during 1953. With the appointment of Dr. T. R. Malloy as Senior Child Psychiatrist to the Child Guidance Clinic and the writer as Senior Educational Psychologist the first steps were taken towards the reorientation of the Child Guidance Service on the lines envisaged by the Committee in 1952. No great changes in organisation or expansion can be noted here, since the Senior Educational Psychologist only took up his duties in the last quarter of the year. Dr. Malloy, however, took up his appointment in February, and his four sessions per week made a welcome addition to the invaluable psychiatric services contributed by Drs. Model, Platt and Wilde.

At the request of the Children's Committee one psychiatric session per week was devoted to their cases. This session, under Dr. Platt, began early this year. Thus, for most of the year we have had 13 psychiatric sessions each week at the clinic, one however being charged to the Children's Committee.

The staffing position on the psychiatric social workers' side is less cheerful. Miss Batliwalla resigned her temporary post early in the year. The position eased somewhat by the appointment of Miss Hammond in September, but deteriorated again with the loss of Mrs. Bunn's part-time services in December. Thus the year ended, as it began, with this department of the clinic understaffed. The practical training of the Mental Health students of Manchester University continues at the clinic, as in previous years, under the Senior Psychiatric Social Worker, Mrs. Shephard.

In addition to the everyday psychological duties of the clinic, investigations are carried out for the Children's Committee by educational psychologists. This Committee, of course, support this service by paying for the equivalent of one psychologist. It was to meet this need that a second psychologist, Mrs. Riley, was appointed in November, 1953. Much of the work devolves on her, especially at the Children's Observation Centre, Broome House, but Mr. Young also attends there and frequently at the Remand Homes, Brookfield—for boys, and Alder House—for girls. The large-scale development of this aspect of the Child Guidance Service is indicated in Table IV below, where it will be seen that, in all, 321 children have been examined during the year, all of them for test, and 198 of them the subject of more detailed investigation and report, mainly for the Magistrates and the Children's Committee. The Intelligence Quotients of the 251 children attending the clinic for diagnostic interviews during the year have been included in this table as much for convenience in printing as for purposes of comparison, though there is much of interest in the several figures presented. It may be noted, *e.g.* that three-quarters of the Remand Home children are of dull to very dull intelligence, while more than half the clinic cases are of average or superior intelligence.

Apart from the "mixed" table (IV) discussed above, the following statistics all refer to the Child Guidance Clinic :—

#### I.—Sources of referral of cases diagnosed in 1953.

(1) School Medical Officer	.. .. .	58
(2) Head Teachers	.. .. .	16
(3) Family Doctors	.. .. .	24
(4) Hospitals..	.. .. .	17
(5) Magistrates	.. .. .	55
(6) Probation Officers	.. .. .	18
(7) Children's Officer	.. .. .	21
(8) Speech Therapy Department	.. .. .	7
(9) Parents	.. .. .	23
(10) Others	.. .. .	12
TOTAL		251

The referrals from (1) and (2) contribute 29% of the total, and the referrals from (5) and (6) also contribute 29% of the total. There has been a marked change in the source of referrals over the years, and the following table may be of interest in this respect. The term L.E.A. used below covers those referrals from the School Health Department and other Education Office Departments, but referrals from teachers are shown separately. The years 1933–36 cover the first years of the clinic's existence, it being incorporated in the School Medical Service in 1937.



II.—The referrals are expressed here as a percentage of the total numbers seen for diagnostic interviews in each year :—

Year	L.E.A.	Referrals by			Actual number of cases seen
		Teachers	Parents	Court	
1933 .....	17	20	20	9	132
1934 .....	13	13	31	17	136
1935 .....	22	14	17	5	151
1936 .....	34	12	19	7	163
1946 .....	35	10	12	24	187
1952 .....	19	5	12	27	182
1953 .....	23	6	9	29	Boys 160, Girls 91. Total 251

Note that the above figures are *percentage* values, except in the last column.

Referrals by teachers and parents show a marked decline over the years, the former only compensated in part by increases in the numbers referred by school medical officers (L.E.A. column). The proportion of Court cases continues to rise. This rise viewed in conjunction with the decreased proportions of referrals from home and schools would seem to point to the need for developments in the preventive aspects of the service. Seventy-three (29%) of the 251 clinic cases have been referred by magistrates or probation officers. In addition, there are the Remand Home cases (non-clinical) to which reference has already been made; these total 177. Thus 250 delinquent children have been dealt with in varying degrees by the service during the year. This is in sharp contrast to the 16 cases referred from schools and the 58 referred by school medical officers.

It is interesting to read these figures against the comments made in the 1933 Clinic Report: “The number of cases referred by the parents themselves is a source of gratification. It is felt that the fact that 49 cases have come from the schools is suggestive, when it is remembered that the teachers began the agitation in Manchester for a clinic. Finally, 12 cases have come from Juvenile Courts and probation officers, and it is felt that the clinic offers a source of assistance to the Courts which can be further developed”. It may easily be felt that the developments have been lopsided.

The information which follows at III is largely a numerical summary of the work conducted at the clinic during the year. The items given at (B) are additional to those given in earlier reports. It will be noted that about half the number of children accepted for treatment are currently attending the clinic. These children attend each week.

III. (A)	Number of children on diagnostic waiting list at 1st January,	
	1953 .. .. .	203
	During 1953 :	
	Cases referred .. .. .	306
	Cases diagnosed .. .. .	251
	Cases closed without diagnostic interview..	20
	Number of children on diagnostic waiting list at 31st	
	December, 1953 .. .. .	238

(B) Number of children having treatment, or waiting for treatment at 1st January, 1953 .. .. .	143
During 1953 :	
Cases registered for treatment following diagnostic interview .. .. .	109
Cases closed following treatment .. .. .	78
Cases under treatment at end of year .. .. .	85
Number of children on treatment waiting list at 31st December, 1953 .. .. .	89

(Number of children having treatment or waiting for treatment at 31st December, 1953 : 85 + 89 = 174)

(C) Closures, 1953.

(i) CASES ACCEPTED FOR TREATMENT—	Manchester	Outside	Total
Much improved .. .. .	7	1	8
Improved .. .. .	22	2	24
Symptom free .. .. .	7	1	8
Unimproved.. .. .	2	—	2
Improved with P.S.W. supervision..	13	—	13
Unable to attend further .. .. .	5	1	6
Unwilling to attend .. .. .	10	1	11
Social problem .. .. .	3	—	3
Placement recommended :			
Approved school .. .. .	—	—	—
School for maladjusted children..	2	—	2
Boarding school or Children's Home	1	—	1
Hospital .. .. .	—	—	—
	<hr/> 72	<hr/> 6	<hr/> 78
(ii) CASES SEEN FOR DIAGNOSIS ONLY—			
Advice to parents .. .. .	36	1	37
Educationally subnormal .. .. .	21	—	21
Test only .. .. .	9	—	9
Social problem .. .. .	8	—	8
Treatment offered but not accepted	15	2	17
Advice re placement :			
Approved school .. .. .	12	—	12
School for maladjusted children	4	1	5
Boarding school, Children's Home, or hostel .. .. .	26	2	28
Hospital, or other .. .. .	4	—	4
Foster parents .. .. .	1	—	1
	<hr/> 136	<hr/> 6	<hr/> 142

IV. PERCENTAGE DISTRIBUTION OF I.Q.'s OF CHILDREN SEEN BY PSYCHOLOGICAL STAFF DURING 1953.

I.Q. Category.	At Child Guidance Clinic	At Broome House	At Brook- field	At Alder House
70 and below (extremely dull)	10 ..	12 ..	21 ..	22 ..
71 to 90 (dull) .. .. .	33 ..	48 ..	51 ..	53 ..
91 to 110 (average) .. .. .	41 ..	34 ..	26 ..	20 ..
111 to 130 (superior).....	14 ..	6 ..	2 ..	5 ..
Above 130 (very superior) ..	2 ..	— ..	— ..	— ..
TOTALS .. .. .	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Actual No. of children tested	<hr/> 251	<hr/> 144	<hr/> 118	<hr/> 59

Total of Children's Committee cases, 321.



Despite the large increase in the number of cases seen for diagnostic interview (251 against 182 last year and the previous highest figure of 216 in 1949), the waiting list continues to grow. This is a disturbing problem. To devote more time to diagnostic work means decreasing the numbers on the waiting list at (A) at the expense of increasing the waiting list at (B).

The new problems created by such a procedure might be met by the appointment of a Play Therapist, a suggestion which has been made in earlier clinic reports. This matter of the waiting list is, however, at present under discussion and will be the subject of a separate report.

Developments of the psychological service in the schools should be under way in the year ahead. Already a report on Remedial Centres is under discussion. The Senior Educational Psychologist is in regular contact with the Chief Inspector of Schools and the local Inspectorate, and several schools have been visited. One particular problem is currently under investigation, *viz.* the intelligence and attainments of partially deaf children who are not deaf enough for allocation to special schools, but who, perhaps, should be taught in special classes. This will be the subject of a separate report. Such a service could be usefully extended to other categories of handicapped children.

Finally, a service such as ours depends so much on the co-operation of others—individuals and groups. This co-operation, which has been so readily forthcoming throughout the year, is now formally, but nevertheless sincerely, acknowledged.”

J. McNALLY.

## ORTHOPAEDIC TREATMENT

Orthopaedic treatment is provided at the Orthopaedic Clinic, four school clinics, the Lancasterian Day Special School and the Margaret Barclay Residential Special School. The Committee's Consultant Orthopaedic Surgeon visits the Orthopaedic Clinic twice each week and the Day and Residential Special Schools once each fortnight. Minor defects, only requiring remedial exercises, are treated at four school clinics by a part-time physiotherapist under the supervision of a medical officer, and details of this work are given in the "School Clinic" section of the report. Children with more serious defects are referred for examination by the Surgeon at the Orthopaedic Clinic or the Out-Patients Clinic at Lancasterian School. Where necessary, treatment is given by physiotherapists and some children are recommended for admission to Day or Residential Special Schools. Arrangements are made with the Regional Hospital Board for operative treatment to be given by the Committee's Surgeon at Booth Hall Hospital. Post-operative physiotherapy is provided at the Special Schools.

Children suffering from the after-effects of cerebral palsies—spastics—are treated at both the Day and Residential Schools, and special equipment and furniture has been provided to assist in remedial and special educational treatment and in the domestic life of the children concerned.

The number of physiotherapists remained fairly constant during the year, apart from the replacement of a part-time officer who resigned in September. At the end of the year there was one vacancy.

The work at the Out-Patients Clinic in the Lancasterian School greatly increased following the completion of the adaptations of the school. Children with orthopaedic defects residing in South Manchester were examined by the Surgeon and treated by the physiotherapists during and after the normal special school hours.

The Consultant Surgeon submits the following report:—

“There is very little new to report about the happenings in the Orthopaedic Department over the last 12 months.

The Orthopaedic Clinic at Goulden Street continues to be very busy, in spite of the fact that a number of people have moved from the north of Manchester to the new estates at Wythenshawe and Baguley. I am glad to say that the waiting list of new cases to see me is now very much less, owing to a concentrated effort on everybody's part to reduce the list.

The new Physiotherapy Department at the Lancasterian Special School is very comfortable. We have the physiotherapists to staff it, but even so, we must not forget that the school has expanded in the last year and that the work is becoming much greater on account of this. Added to this fact, we are now running a regular Out-Patients' Department and this throws an extra strain on the staff.

I have heard recently about Mr. Walton, who is carrying out new treatment in post-poliomyelitic cases. I am investigating this further, and if I think it will be beneficial I shall recommend that one or two of our physiotherapists go to have some training in this treatment. It may prove helpful for some of our cases.

The Physiotherapy Department at Margaret Barclay School is continuing gallantly. Mr. Allen is still working under very difficult conditions. The children, in the coldest of weather with even quite a bit of ice on the ground, have to make their way across a rough cobbled yard to get to the foot of the spiral stairs, which lead to the Physiotherapy Department. A number of these children have to be carried up the stairs. In spite of the difficulties, Mr. Allen is doing very good work and I do hope sincerely that the day is not very far off when work can be started in our new Physiotherapy Department.

I would like to extend my thanks to the staffs at the Orthopaedic Clinic, Lancasterian School and Margaret Barclay School, for the efficient and co-operative manner in which they have carried out their duties in the last year”.

JOHN L. MANGAN.



(a) ORTHOPAEDIC CLINIC

During the year the Surgeon examined 1,037 children and, in addition, made 477 re-inspections. A total of 416 children was treated and 12,281 individual treatments were given by the physiotherapist.

Total attendances	.. .. .	7,238
Number of children treated	.. .. .	416
Examined by surgeon :		
(a) New cases	.. .. .	480
(b) Special	.. .. .	557
(c) Re-inspections	.. .. .	477
Total attendances at surgeon's clinic	.. .. .	1,514
Cases referred to Booth Hall Hospital for operation	.. ..	23
Number of treatments given :		
(a) Massage, stretching	.. .. .	5,008
(b) Exercises	.. .. .	4,457
(c) Ultra-violet ray	.. .. .	1,366
(d) Stretchings	.. .. .	819
(e) Electrical	.. .. .	506
(f) Radiant heat	.. .. .	125

*Analysis of Cases*

Spinal deformities :	Kyphosis	..	..	..	..	..	..	20	
	Scoliosis	..	..	..	..	..	..	39	
	Lordosis	..	..	..	..	..	..	23	
	Minor postural defects	..	..	..	..	..	..	74	
	Debility	..	..	..	..	..	..	6	
Spastic paralysis :	Hemiplegia	..	..	..	..	..	..	18	
	Diplegia	..	..	..	..	..	..	4	
	Monoplegia	..	..	..	..	..	..	2	
	Cerebellar ataxia	..	..	..	..	..	..	3	
Flaccid paralysis :	Anterior poliomyelitis	..	..	..	..	..	..	24	
	Erb's palsy..	..	..	..	..	..	..	4	
Foot defects :	Talipes equino-varus	..	..	..	..	..	..	17	
	Metarsus varus	..	..	..	..	..	..	1	
	Pes cavus	..	..	..	..	..	..	9	
	Tight tendo-achilles	..	..	..	..	..	..	12	
	Flat feet	..	..	..	..	..	..	217	
	Hammer toes	..	..	..	..	..	..	6	
	Over-riding toes	..	..	..	..	..	..	85	
	Hallux valgus	..	..	..	..	..	..	39	
	Hallux rigidus	..	..	..	..	..	..	4	
	Genu valgum	..	..	..	..	..	..	180	
	Genu varum	..	..	..	..	..	..	7	
	Rickets :	Chest	..	..	..	..	..	..	13
	Knees and ankles :	Weak knees	..	..	..	..	..	..	1
		Weak ankles	..	..	..	..	..	..	34
	Tuberculosis (inactive):	Spine	..	..	..	..	..	..	10
Hip		..	..	..	..	..	..	2	
Knee		..	..	..	..	..	..	3	
Elbow		..	..	..	..	..	..	1	
Muscular dystrophy	..	..	..	..	..	..	..	3	
Tenosynovitis..	..	..	..	..	..	..	..	1	
Scheurmann's disease	..	..	..	..	..	..	..	1	
Septic arthritis	..	..	..	..	..	..	..	1	
Congenital dislocation of hip	..	..	..	..	..	..	..	3	
Pain in hip	..	..	..	..	..	..	..	1	
Cystic swelling (1 forearm, 1 fingers)	..	..	..	..	..	..	..	2	
Ganglion (1 foot, 1 hand)	..	..	..	..	..	..	..	2	
Semimembranosus bursa	..	..	..	..	..	..	..	1	



Circulatory disorder .. .. .	2
Torticollis .. .. .	11
Spina bifida (1 with meningocoele) .. .. .	10
Minor injuries .. .. .	24
Epiphysitis .. .. .	2
Osteomyelitis .. .. .	3
Exostosis .. .. .	7
Sprengel's shoulder .. .. .	1
Congenital aplasia .. .. .	2
Rheumatic pains .. .. .	7
Osteochondritis : Feet .. .. .	2
Schlatter's disease.. .. .	3
Perthe's disease .. .. .	1
Syndactylism .. .. .	2
Post-meningitis .. .. .	1
Amputation .. .. .	3
Unequal limbs .. .. .	2
Deformity fingers (not congenital) .. .. .	3
Congenital deformities (other than feet).. .. .	9
Achondroplasia .. .. .	1
Lipoma .. .. .	1
Paronychia .. .. .	1
Cases referred and nothing abnormal found.. .. .	66

## (b) LANCASTERIAN DAY SPECIAL SCHOOL

During the year 210 children attended the school and 167 children from other schools attended the Out-Patient Clinic for treatment. A total of 17,471 individual treatments was given by the physiotherapists.

### LANCASTERIAN SCHOOL

Number of surgeon's visits .. .. .	20
Number examined by surgeon .. .. .	231
Number of girls treated .. .. .	96
Number of boys treated .. .. .	114
Number of operations and manipulations at Booth Hall Hospital .. .. .	14
Number awaiting operation .. .. .	7
Number of children receiving—	
(a) Radiant or infra-red heat .. .. .	58
(b) Massage .. .. .	37
(c) Electrical treatment .. .. .	27
(d) Individual exercises and stretching .. .. .	53
(e) Ultra-violet ray .. .. .	120
(f) Exercises .. .. .	152

### OUT-PATIENTS' CLINIC

Number of surgeon's visits .. .. .	21
Number of children examined by the surgeon .. .. .	465
Number of children treated .. .. .	167
Number of children treated for foot defects .. .. .	126
Number of children treated for postural defects .. .. .	41

### TOTAL NUMBER OF TREATMENTS GIVEN— (In School and Outpatients' Clinic)

(a) Radiant heat .. .. .	1,196
(b) Massage .. .. .	1,822
(c) Electrical treatment .. .. .	602
(d) Individual exercises and stretching .. .. .	4,713
(e) Ultra-violet ray .. .. .	615
(f) Exercises .. .. .	8,319
(g) Repair of plaster of paris .. .. .	3
(h) Strapping .. .. .	197
(i) Moulding .. .. .	4

### Analysis of Cases

	<i>Boys</i>	<i>Girls</i>
Cerebral Palsy		
(a) Quadriplegia .. .. .	5	3
(b) Hemiplegia .. .. .	31	20
(c) Diplegia .. .. .	6	10
Friedreich's ataxia .. .. .	—	1
Hemiplegia and Hirschsprung's disease .. .. .	1	—
Anterior poliomyelitis .. .. .	20	26
Anterior poliomyelitis with scoliosis .. .. .	—	1
Anterior poliomyelitis with Bell's palsy .. .. .	—	1
Pseudo-hypertrophic muscular dystrophy .. .. .	6	—
Pseudo-hypertrophic muscular dystrophy and A.P.M.	1	—
Amyotonia congenita .. .. .	—	1
Congenital talipes equino varus .. .. .	4	1
Hirschsprung's disease .. .. .	1	—
Tuberculosis		
(a) Hip .. .. .	4	4
(b) Knee .. .. .	4	2
(c) Spine .. .. .	10	5
Scoliosis .. .. .	2	2
Spina bifida occulta .. .. .	3	1
Spina bifida in cervical area with congenital anomalies		
cervical and dorsal spine .. .. .	—	1
Congenital absence of hand .. .. .	1	1
Congenital absence of radius .. .. .	—	1
Congenital contraction of hands and talipes calcaneus		
and subluxation of hips .. .. .	1	—
Rheumatoid arthritis .. .. .	—	1
Arthrogryphosis upper limbs .. .. .	1	—
Arthrogryphosis with congenital dislocation of hips		
and congenital talipes equino varus .. .. .	1	—
Congenital dislocation of hips .. .. .	1	—
Osteomyelitis .. .. .	1	1
Myositis ossificans .. .. .	1	—
Fragilitas ossium .. .. .	2	2
Fragilitas ossium with coeliac disease .. .. .	—	1
Legge Perthe's disease .. .. .	2	—
Hydrocephalus .. .. .	2	—
Achondroplasia .. .. .	—	2
Infective polyneuritis .. .. .	—	1
Erb's palsy .. .. .	—	1
Congenital heart disease .. .. .	—	1
Amputation leg following accident .. .. .	—	1
Amputation leg following osteomyelitis .. .. .	1	—
Amputation leg, congenital deformity .. .. .	—	1
Head injuries with fracture and hemiparesis .. .. .	—	1
Post-cerebral tumour .. .. .	—	1
Extensive burns .. .. .	—	1
Haemophilia .. .. .	1	—
Progressive muscular atrophy .. .. .	1	—

### (c) MARGARET BARCLAY RESIDENTIAL SCHOOL

At the end of the year, 20 boys and 19 girls were in residence and during the year 4 children were admitted and 8 discharged. Five children were admitted to Booth Hall Hospital and operations were performed by the Orthopaedic Surgeon.



*Analysis of disabilities of the children who were in residence during 1953.*

Anterior poliomyelitis .. .. .	8
Progressive muscular dystrophy .. .. .	2
Pseudocoxalgia .. .. .	3
Spina bifida .. .. .	5
Cerebral palsies .. .. .	20
Fragilitas ossium .. .. .	3
Cerebellar atrophy .. .. .	1
Congenital deformities .. .. .	2
Congenital dislocation hip .. .. .	1
Hypospadias .. .. .	1
Rheumatoid arthritis .. .. .	1
Arthrogryphosis .. .. .	1

### AUDIOMETER CLINIC.

Children were referred by medical officers and speech therapists for testing on the “pure tone” audiometer at the Audiometer Clinic, which is conducted by specially experienced medical officers on two sessions each week.

Where children are found to require further investigation after the group audiometer testing in schools they are referred, in the first instance, for examination by a medical officer at one of the district clinics and later, if necessary, to the Audiometer Clinic for a final diagnosis.

The medical officers responsible for this work report as follows:—

“The number of children tested during 1953 was 719. This compares favourably with 587 in the previous year, and it should be noted that fewer children failed to keep their appointments.

More children were referred to the Consultant Oto-Laryngologist for the provision of hearing aids, and the younger ones seemed to enjoy wearing them, while the older children, being more self-conscious, required more persuasion. It was only after they had also received training in lip reading that they recognised the benefit of the hearing aids.

Good co-operation continued between parents, teachers, speech therapists and the clinic staff.”

The statistical details are:—

Number of children tested by Pure Tone Audiometer.. .. .	719
,,       ,,       referred to Schools for the Deaf (admitted)	12
,,       ,,       referred to Consultant Oto-Laryngologist ..	272
,,       ,,       referred to school clinics for treatment ..	44
,,       ,,       referred for speech therapy .. .. .	2
,,       ,,       referred for intelligence tests .. .. .	1
,,       ,,       referred for re-inspection .. .. .	333
,,       ,,       discharged .. .. .	156
,,       ,,       left school .. .. .	55
,,       ,,       ascertained to be partially deaf .. .. .	25

C. R. CRYSTAL.  
S. F. REYNOLDS.

## SPEECH THERAPY

Children requiring speech therapy were treated at the main Speech Therapy Clinic, Chorlton-on-Medlock, at five school clinics, at two schools in Wythenshawe, and at the Lancasterian Day Special School.

The appointment of two additional speech therapists in September brought the number of staff in post to within a fraction of the approved establishment of one senior and six assistants.

The increased staff resulted in a larger number of children being examined and treated and a greatly reduced waiting list.

During the year 599 new cases were interviewed, 667 children received regular treatment, and 104 were kept under supervision. There was a total of 8,500 individual attendances at the various clinics.

The Senior Speech Therapist's report follows that of the medical officer who supervised the general health and progress of the children under treatment.

"All the children referred for speech therapy were medically examined before and after treatment and, where necessary, physical defects were treated.

In a few cases the speech defect was found to be a manifestation of low intelligence, and intelligence tests were arranged. Where deafness was suspected the child was referred for testing by the "pure tone" audiometer and appropriate treatment prescribed, including recommendations for hearing aids and attendance at lip-reading classes.

Where it was thought that the presence of stammering was due to psychological reasons, the children were referred to the Child Guidance Clinic for treatment".

C. R. CRYSTAL.

### SPEECH CLINIC 1953

In September, 1953, two new therapists were appointed, enabling us to increase the number of sessions at several clinics and open two new ones in Wythenshawe schools. We have also been able to reorganise the service more efficiently. Ever since 1945 we have had "North" and "South" districts, and later "North" "South" and "East", but the location of clinics on the south side and the inadequacy of the part-time clinic at Northenden meant that children from any southern part of the City, including all Wythenshawe, had to be offered treatment at Northenden, High Street or Shakespeare Street, as time could be found for them. The provision of clinics in the medical inspection rooms at Crossacres and Baguley Hall Schools and a small one for out-patients at the Lancasterian School (functioning after the school's children have gone home at 3-30 p.m.), together with extra sessions at Gorton and Cheetham clinics, have made it possible to allot every school to a particular clinic. This simplifies school visiting and enables therapists and teachers to get to know one another and develop the understanding and friendly relationship that is so important in this kind of work.



The therapists continue to meet regularly to co-ordinate work and discuss matters of common interest. Among other things, there is the transfer of patients from one clinic to another. It is surprising how many families “flit” from district to district, and a personal “handing over” to the next therapist is much better than a written report.

At the Lancasterian Day Special School the number of weekly sessions has been increased from two to six. Most of the speech cases here are children with cerebral palsy requiring a great deal of treatment. The Head Mistress and I decided not to try to spread the available time over all who seemed to need it, but to concentrate for a year at least on a chosen group of younger children, whose faulty speech patterns we hope are not yet too firmly established to be incapable of modification. Unfortunately, owing to the impending resignation of one of the therapists and the poor prospects of immediate replacement, it does not look as though the experiment can continue without interruption. Other speech cases at the school have included two children who lost their speech as a result of head injuries sustained in accidents. One made a very good recovery, needing little help; the other needs much more, but is progressing well.

The most astonishing feature of the Speech Therapy Department in recent months has been the virtual disappearance at every clinic (except the two in schools) of the long waiting lists that have hitherto confronted us. For the first time in our ten years of existence, we have enough staff to deal with referrals coming from medical officers and head teachers, and new cases can be seen, as they should be, within a few weeks. The change is delightful, but we suspect that in spite of appearances there is still much more to be done. We notice that the two therapists who work at the Wythenshawe schools receive a high proportion of their cases from the school that accommodates them and neighbouring ones, but we have no reason to suppose that these schools are really afflicted with a greater-than-average incidence of speech defects. We must, therefore, assume that similar numbers of children needing treatment exist in other schools and that parents and teachers will welcome it provided it is sufficiently accessible. We shall never be able to send therapists to every school—parents and children must be prepared to make some effort—but the steps we have taken this year are in the right direction.

HIGH STREET CLINIC

Number of cases attending for treatment .. .. .	135
Number of cases under supervision .. .. .	11
Number of new cases interviewed .. .. .	154
Discharges : Treatment complete .. .. .	75
Unsuitable .. .. .	16
Ceased attendance .. .. .	13
Left school or district .. .. .	3
Transferred to Deaf School .. .. .	2
Transferred to other clinics .. .. .	5
Total number of attendances .. .. .	2,122

#### SHAKESPEARE STREET CLINIC

Number of cases attending for treatment	..	..	..	..	..	48
Number of cases under supervision	..	..	..	..	..	22
Number of new cases interviewed	..	..	..	..	..	51
Discharges : Treatment complete	..	..	..	..	..	20
Unsuitable	..	..	..	..	..	4
Ceased attendance	..	..	..	..	..	19
Left school or district	..	..	..	..	..	2
Transferred to other clinics	..	..	..	..	..	1
Total number of attendances	..	..	..	..	..	808

#### CHEETHAM CLINIC

Number of cases attending for treatment	..	..	..	..	..	53
Number of cases under supervision	..	..	..	..	..	7
Number of new cases interviewed	..	..	..	..	..	40
Discharges : Treatment complete	..	..	..	..	..	7
Unsuitable	..	..	..	..	..	4
Ceased attendance	..	..	..	..	..	7
Left school or district	..	..	..	..	..	2
Transferred to other clinics	..	..	..	..	..	2
Total number of attendances	..	..	..	..	..	619

#### NORTHENDEN CLINIC

Number of cases attending for treatment	..	..	..	..	..	88
Number of cases under supervision	..	..	..	..	..	7
Number of new cases interviewed	..	..	..	..	..	54
Discharges : Treatment complete	..	..	..	..	..	32
Unsuitable	..	..	..	..	..	14
Ceased attendance	..	..	..	..	..	11
Left school or district	..	..	..	..	..	1
Transferred to other clinics	..	..	..	..	..	8
Total number of attendances	..	..	..	..	..	1,174

#### GORTON CLINIC

Number of cases attending for treatment	..	..	..	..	..	106
Number of cases under supervision	..	..	..	..	..	14
Number of new cases interviewed	..	..	..	..	..	86
Discharges : Treatment complete	..	..	..	..	..	15
Unsuitable	..	..	..	..	..	11
Ceased attendance	..	..	..	..	..	23
Left school or district	..	..	..	..	..	4
Transferred to other clinics	..	..	..	..	..	4
Total number of attendances	..	..	..	..	..	1,226

#### NEWTON HEATH CLINIC

Number of cases attending for treatment	..	..	..	..	..	154
Number of cases under supervision	..	..	..	..	..	29
Number of new cases interviewed	..	..	..	..	..	88
Discharges : Treatment complete	..	..	..	..	..	39
Unsuitable	..	..	..	..	..	11
Ceased attendance	..	..	..	..	..	3
Left school or district	..	..	..	..	..	3
Transferred to other clinics	..	..	..	..	..	12
Total number of attendances	..	..	..	..	..	1,411

#### CLINIC IN BAGULEY HALL SCHOOL

Number of cases attending for treatment	..	..	..	..	..	28
Number of cases under supervision	..	..	..	..	..	5
Number of new cases interviewed	..	..	..	..	..	85
Discharges : Treatment complete	..	..	..	..	..	1
Unsuitable	..	..	..	..	..	12
Ceased attendance	..	..	..	..	..	1
Left school or district	..	..	..	..	..	1
Transferred to other clinics	..	..	..	..	..	1
Total number of attendances	..	..	..	..	..	337



#### CLINIC IN CROSSACRES SCHOOL

Number of cases attending for treatment .. .. .	31
Number of cases under supervision .. .. .	7
Number of new cases interviewed .. .. .	41
Discharges : Treatment complete .. .. .	3
Unsuitable .. .. .	2
Ceased attendance .. .. .	2
Transferred to other clinics .. .. .	1
Total number of attendances .. .. .	316

#### LANCASTERIAN SPECIAL SCHOOL

Number attending for treatment .. .. .	16
Number under supervision .. .. .	2
Discharges .. .. .	6
Transferred to Deaf School .. .. .	1
Total number of attendances .. .. .	375

#### OUT-PATIENTS CLINIC AT LANCASTERIAN SPECIAL SCHOOL

Number attending for treatment .. .. .	8
Total number of attendances .. .. .	72

M. ASHWORTH.

### SPEECH TRAINING

The specialist teacher of speech training who works in close association with the speech therapists has supplied the following statement—

The year 1953 has been for me one of problems and experiments. Some of the problems have been solved and some of the experiments have been successful.

Looking at the list of children attending my classes I feel something of a crusader. It is a case of making children aware, for the first time, of what they are saying and how it should be said. In this age of speed and mechanical progress insufficient time and thought is given to the spoken word. This is a great pity for there are few positions in life that do not involve speech and clear enunciation.

The average child starts school at 5 years of age and is then often still using words such as “lickle” and “bockle” which are common occurrences in baby talk. “Th” is also difficult for a small mind to grasp. Unless the child is watching the speaker’s mouth a “th” sounds very much like an “f” and so a child will substitute one sound for the other, with the result that one gets “fum” instead of “thumb”.

For various reasons this type of speech occasionally continues until the child is 7 or 8 years old. If that is the case, it should receive attention as soon as possible. A child’s work may be seriously handicapped by backward speech, especially his reading and writing. A boy who says “bruver” instead of “brother” may write the word phonetically.

Other common faults among young children are the lisps; an interdental lisp which causes an “s” to become a “th” and the lisped “r” which becomes a “w”. Occasionally the interdental lisp is caused by some irregularity in the dental structure and parents are advised to take the child for dental treatment as well as for speech training.

Last year saw the introduction of some complete class lessons in speech training, in addition to the group work, for children needing special help. On the whole the experiment has been successful.

I have been particularly pleased with the response from the first-year juniors (8-year-olds). They have shown a keen interest and an aptitude for grasping the purpose behind their lessons. Most of the children seem to be eager to improve their speech and they take a delight in making discoveries as to what can be done with the tongue, teeth and lips.

The biggest problem at the moment is in trying to convince the parents of the necessity of continuing at home the work done in school. The class teachers do as much as possible to help the childrens' speech but they have not the time to spend on individual cases.

The solution lies with the parents. More time is spent at home than at school and when we do not have co-operation at home our work is far more difficult. Psychologically a child likes to feel that his parents are interested in his progress and anxious to help. A child who is keen and happy in his work learns quickly and the results are better when the parents co-operate.

During the year 165 children attended my remedial group and 36 were discharged speaking normally.

Ten general speech training classes were held in six schools.

A. A. PURCELL.

### EAR, NOSE AND THROAT CLINIC.

The annual report of the Committee's Oto-Laryngologist reveals that the waiting list of children referred to him for an opinion has now been eliminated. This waiting list stood at 1,700 at the end of 1952. The temporary additional consultative session which began in October, 1952, continued during 1953, and resulted in the number of attendances at the Ear, Nose and Throat Clinic rising from 2,380 in 1952 to 3,030 in 1953. The average attendances during the year also rose from 74.5% to 77%.

This increase in the number of children examined at the Clinic has resulted in more children being referred to the Regional Hospital Board for operative treatment. Additional facilities for ear, nose and throat operations have therefore been made available at both Booth Hall and Wythenshawe Hospitals, and it is hoped that 1954 will bring a marked reduction in the length of their waiting lists for such treatment.

The Consultant Oto-Laryngologist's report is given below.

"The year 1953 has witnessed some important and far-reaching changes in the work of the Ear, Nose and Throat Department of the School Health Service. It was noted in the 1952 report that vigorous efforts were being made to deal with the large waiting list of children who had been referred to the Ear, Nose and Throat Clinic from the various school clinics. Amongst other measures, an additional consultative



session was instituted as a temporary arrangement in October, 1952, and to allow more time for dealing with the waiting list, Dr. Purcer Smith, a School Medical Officer, took over the routine supervision of chronic ear cases. These measures were continued during 1953, and it is gratifying to record that for the first time for many years the waiting list for consultation (approximately 1,700 on December 31st, 1952) has now been completely eliminated. The immediate result of this is that children now referred by the school medical officers to the Ear, Nose and Throat Clinic at the Central Clinic are now seen within a week or two and treatment instituted immediately, where possible.

It will be appreciated that, as a result of this effort to clear the waiting list, there was a corresponding increase in the waiting list for operations at Booth Hall and Wythenshawe Hospitals. Representations were again made to the Regional Hospital Board, as a result of which an additional operating session was organised at Booth Hall Hospital to commence on January 1st, 1954, and the arrangements for dealing with the tonsil and adenoid cases at Wythenshawe Hospital were extended. It was felt that the canalization of all the cases recommended for adeno-tonsillectomy through one Ear, Nose and Throat Consultant at the Central Clinic, would eventually produce another bottle-neck with its resulting large waiting list. Arrangements were therefore made for the cases from the southern part of the City to be referred directly to the E.N.T. Consultant at Wythenshawe Hospital. In this way, two difficulties were overcome; firstly, the relief of the pressure at the Ear, Nose and Throat Clinic, and, secondly, the desirability that the surgeon carrying out the operation should see his cases personally. Although there is general agreement amongst most E.N.T. surgeons as to the criteria for operation in adeno-tonsillectomy, some divergence of opinion is bound to exist, and it would be invidious to expect any surgeon to operate on cases he had never seen before. However, owing to the unique organisation which exists for dealing with ear cases at the peripheral clinics with general supervision from and periodic examination at the Ear, Nose and Throat Clinic, which has worked so successfully in the past, it was considered desirable to maintain the service as hitherto. All special ear cases, therefore, are still dealt with at the Central Clinic, the routine dressings being carried out as before at the local clinics.

I would like to express my thanks to Dr. Purcer Smith, who kindly undertook the additional work of routine supervision in chronic ear cases, while the general waiting list was cleared. When this was achieved, it was possible for me to take over all the ear cases once again.

A comparison of the figures of new aural cases (*i.e.* referred for the first time) seen at the Ear, Nose and Throat Clinic, shows a gradual decline during the past few years, and it is clear that the recognition of the importance of early and adequate treatment of the acute ear and the more rational and effective treatment of the chronically discharging ear, are bearing fruit. Professor Victor Lambert in a recent address on "The Changing Pattern of Otology and Laryngology" referred to the "efficient and useful work which the School Health Services have carried out in the treatment of suppurating ears".

It is apparent that the opportunities for mastoid surgery will gradually decrease, as the prophylactic measures against the incidence and spread of aural disease increase.

An analysis of the cases seen at the Ear, Nose and Throat Clinic in 1953, with the 1952 figures for comparison, is as follows:—

	1953 EARS			1952 EARS	
	<i>New Cases</i>	<i>Old Cases</i>		<i>New Cases</i>	<i>Old Cases</i>
Attended.....	117 (83·5%)	404 (82·5%)	..	120 (75%)	442 (81%)
Did not attend .....	23	82		39	105
	<hr/>	<hr/>		<hr/>	<hr/>
Notified .....	140	486		159	547
	<hr/>	<hr/>		<hr/>	<hr/>
	NOSE AND THROAT			NOSE AND THROAT	
	<i>New Cases</i>	<i>Old Cases</i>		<i>New Cases</i>	<i>Old Cases</i>
Attended.....	2,053 (67·75%)	420 (74·25%)	..	1,480 (72%)	318 (70%)
Did not attend .....	976	146		584	135
	<hr/>	<hr/>		<hr/>	<hr/>
Notified .....	3,029	566		2,064	453
	<hr/>	<hr/>		<hr/>	<hr/>
Average attendance .....	77%			74·5%	
Total number of attendances....	3,030			2,380	
(including minor operations)					

A comparison of the figures for the years 1951, 1952 and 1953 shows a gratifying rise in the percentage attendance from 71% in 1951 and 74·5% in 1952 to 77% in 1953 and, whilst it is possible that the increasing popularity of the Service is playing some part in this, it is felt due credit must be given to the efficient and untiring efforts of the staffs both at the Ear, Nose and Throat Clinic (in particular Mr. Newman) and the peripheral clinics.

Minor operations continued to be performed periodically at the Clinic during the ordinary consultative sessions, usually on a Thursday afternoon. Three children are sent for at a time and a local anaesthetic applied and the operations carried out at the end of the session. These patients are kept apart from the other children, but no difficulties have been encountered and the children co-operate well. The figures for 1953 are as follows :—

Cautery (nasal) .....	4 (7)
Antrum Lavages .....	32 (13)
<i>(The figures in brackets refer to 1952)</i>	

During the year, 168 children were referred for diastolisation, each child receiving an average of 12 treatments, and 73 referred for a Proetz Displacement therapy, each child receiving an average of eight treatments. The results from these methods of treatment continue to be good and they form valuable adjuvant methods of dealing with nasal conditions in children.

Once again I would like to express my grateful thanks to Sister Jones at the Clinic, who so efficiently continued to carry out these procedures,



It is desired to acknowledge gratefully the close co-operation which exists between this department and the Radiological Department at Booth Hall Hospital which gives a large measure of priority to X-ray investigations of children referred from here. In all, 159 X-ray examinations were carried out in 1953, these being made up as follows:—

Sinuses .....	117
Mastoids.....	26
Both mastoids and sinuses .....	16

As hitherto, children requiring hearing aids have been referred to the Manchester Hearing Aid Centre and they also received a high priority in the provision of hearing aids, where indicated. Twenty-three children were supplied with aids during the year 1953, and according to the records there are now 47 children who have been supplied with hearing aids through this Department.

Audiometry continues to be carried out by Drs. Crystal and Reynolds, but where more detailed and accurate investigation of defects (which is beyond the scope of the equipment available at the Central Clinic), is required, cases are referred to the Hearing Aid Centre staff, to whom we are indebted for the rapidity with which they deal with them.

During the year, two operating sessions per week were held at Booth Hall Hospital and, in all, 542 operations were personally carried out as follows :—

Tonsil and Adenoid by enucleation or dissection .....	484
Tonsil and Adenoid and Antral Lavage .....	19
Mastoidectomies .....	9
Aural Polypi .....	5
Nasal Polypi .....	1
Granulations (aural) .....	3
Antral Lavage under general anaesthesia .....	9
Investigation under anaesthesia .....	1
Submucous resection .....	1
Antrostomy .....	7
Laryngoscopy .....	3
	<hr/>
	542

As mentioned earlier in this report, a third operating session has been introduced at Booth Hall Hospital from January 1st, 1954, and it is hoped that this will result in the rapid diminution in the waiting list for operations.

It is also desired to acknowledge with thanks the great assistance rendered by the E.N.T. Department at Wythemshawe Hospital where in all 240 adeno-tonsillectomies were carried out on children referred from the School Health Service.

The position of the waiting lists on 31st December 1953, and at the end of the previous year, is as follows :—

	31st December, 1953	31st December, 1952
Awaiting appointment with Specialist ..	Nil	1,700 (1 year)
Awaiting T. & A. operations at Booth Hall Hospital .....	610 (18 months)	350 (1 year)
Awaiting T. & A. operations at Wythemshawe Hospital .....	359 (1 year)	240 (up to 2 years)

*Waiting List of Miscellaneous Operations at Booth Hall Hospital.*

Mastoidectomies .. .. .	3
Submucous resection .. .. .	5
Antrum lavage (general anaesthetic) .. .. .	19
Laryngoscopy .. .. .	2
Cyst of nasal floor .. .. .	1
Plastic operation (nasal) .. .. .	1
Antrostomies .. .. .	3
Caldwell Luc operation on antrum .. .. .	1
	<hr/>
	35
	<hr/>

*Awaiting Local Operation at Central Clinic.*

Antrum lavage (under local anaesthetic) .. .. .	11
Cautery (under local anaesthetic) .. .. .	2
	<hr/>
	13

M. J. MAXWELL.

**OPHTHALMIC CLINIC**

Dr. H. V. White, the Committee's Consultant Ophthalmologist, attended the Ophthalmic Clinic on two sessions each week. Children suffering from serious eye defects were referred to him by medical officers for diagnosis and treatment.

Of the 386 children examined, over two-thirds had a squint and treatment was arranged at school clinics where necessary. Eight children were recommended for operative treatment and arrangements were made for this to be given at the Manchester Royal Eye Hospital.

The number of children referred to the Consultant for ascertainment and placement as Handicapped Pupils and the details of the work done at the clinic are shown in the table below:—

Number of individual cases examined :

(i) Defective Vision .. .. .	66
(ii) Squint .. .. .	274
(iii) Others .. .. .	46
	<hr/>
Total .. .. .	386

Treatment prescribed :

(i) Refraction .. .. .	60
(ii) Occlusion at clinics .. .. .	26
(iii) Operative treatment .. .. .	8
(iv) Observation only .. .. .	288
	<hr/>
Total .. .. .	382

Number of children ascertained to be :

(i) Blind .. .. .	2
(ii) Partially sighted .. .. .	2

Number of children examined for reference to Special Schools :

(i) Blind .. .. .	2
(ii) Partially sighted .. .. .	2

Total number of attendances .. .. . 1,165



## CARDIO-RHEUMATIC CLINIC

Dr. Wilfrid Gaisford, Professor of Child Health at the Manchester University, the Committee's Honorary Paediatrician, has contributed the following report :—

“The Cardio-Rheumatic clinic has been held each week on Tuesday afternoon during the past year. 211 children have been seen and examined. Of these, 142 were new cases and 69 were cases being re-assessed.

The clinical examination of the children has been supplemented, where necessary, by the electrocardiograph and the blood sedimentation rate test. X-ray examinations have been carried out at the Royal Manchester Children's Hospital's Out-Patient Department at Gartside Street, to which the children have been referred when necessary.

The majority of the 142 new children referred have not been found to be suffering from organic heart disease. Many of them showed functional murmurs only and their parents have been reassured and the children's activities allowed to continue normally.

Various types of congenital heart disease were seen, with the inter-ventricular septal defect as the most commonly occurring lesion. Seven children, each with a suspected patent ductus arteriosus, were referred to the Royal Manchester Children's Hospital for confirmation of diagnosis and operation, and up to date five of these have been successfully operated on there.

Children with definite rheumatic heart disease were least in number and very few were severely handicapped. The activities of the remainder were graded according to the degree of cardiac involvement. Two children were referred for convalescence to Conway.

A certain number of children with non-rheumatic “growing pains” or with limb pains due to poor posture and/or obesity were seen and these were referred as necessary for physiotherapy or dietetic regulation.

Each week during term time a group of final-year medical students attended the clinic and took part in the discussion of the problems involved in each particular case. Attention is paid to the assessment of the child's general condition, and a decision made as to whether physical training, games or swimming should be allowed and, in the case of school leavers, the type of employment most suited if any physical limitation is present.

Thanks are due to Dr. E. M. Jenkins for his constant help, to Sister Barnes who so efficiently runs the clinic, to Mr. Brown for his secretarial assistance, and to the school medical officers who have referred the children. The liaison with the Royal Manchester Children's Hospital has continued to be particularly valuable.

During the past two years the clinic has been taken by Dr. B. Wolman and I am grateful to him for having devoted his work in the Department of Child Health to this important subject. The children referred by him for operation or further investigation have all been under my care.

WILFRID GAISFORD.

## HANDICAPPED PUPILS

Medical examination to ascertain which children require special educational treatment as handicapped pupils is a duty of the School Medical Officer and, in Manchester, the School Health Service under his direction is also responsible for the administration of Special Schools.

Handicapped pupils are, therefore, a major concern of the School Health Service and the work makes great calls on the time of consultant, medical and administrative staffs.

Table VI at the end of this report shows the work accomplished during 1953; the table below is intended to show in more detail the disposition of all handicapped children known to the Service during the year 1953.

TABLE

(a) *Blind children :*

In Institutions .. .. .	34
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(b) *Partially sighted children :*

In Institutions .. .. .	4
In classes for partially sighted .. .. .	28
Suitable for above, but not yet admitted .. .. .	15
	— 47

(c) *Deaf children :*

At Royal Residential Schools, Old Trafford .. .. .	105
At other Residential Schools .. .. .	15
At Day Special Schools .. .. .	1
Awaiting admission to Special Schools .. .. .	5
	— 126

(d) *Partially deaf children :*

Not in Special Schools or Classes .. .. .	47
At Residential School for partially deaf .. .. .	1
	— 48

(e) *Educationally sub-normal children :*

Attending Bostock Hall .. .. .	40
Attending Residential Schools not maintained by Manchester Education Committee .. .. .	32
Attending Day Special Schools .. .. .	519
Receiving Special Education but not in Special Schools .. .. .	56
Awaiting places in Special Schools .. .. .	118
	— 765

(f) *Epileptic children :*

Attending Soss Moss Residential School .. .. .	47
Under medical supervision and attending normal schools .. .. .	73
	— 120

(g) *Maladjusted children :*

Attending Special Schools and Hostels .. .. .	9
Not yet receiving special educational treatment .. .. .	30
	— 39



(h) *Physically handicapped children :*

(1) Children with crippling defects—

Attending Margaret Barclay Residential School ..	39
Attending Lancasterian Day Special School .. ..	191
Attending Special Schools not maintained by the Education Committee .. .. .	8
Attending Hospital Special Schools .. .. .	36
Awaiting admission to Special Schools .. .. .	22
	<hr/> 296

(2) Children with heart disease or rheumatism—

Attending Manchester Residential Schools .. ..	13
Attending Crumpsall Day Open Air School .. ..	13
Attending Hospital Special Schools .. .. .	11
	<hr/> 37

(i) *Children with speech defects* .. .. . 996

(j) *Delicate children :*

Treated at Committee's Residential Schools .. ..	308
Treated at Committee's Day Open Air School .. ..	381
Treated at Jewish Fresh Air Home (School) .. ..	48
Awaiting admission or examination .. .. .	208
Treated at other Residential Schools .. .. .	3
	<hr/> 948
Treated at Dr. Garrett's Convalescent Home.. ..	848
Treated at St. Joseph's Convalescent Home .. ..	91
Treatment arranged by Invalid Children's Aid Society..	149
Awaiting Convalescent treatment .. .. .	105
	<hr/> 1,193

TOTAL HANDICAPPED CHILDREN .. .. 6,449

(k) Children under treatment or observation, as Out-Patients only,  
at Orthopaedic Clinics .. .. . 1,502

The following table shows the disposition of handicapped children maintained by Manchester Education Committee in schools and hostels outside the City. There are some slight variations between the figures shown in the table above and the detailed information given below. It should be appreciated that the former are the total numbers passing through the schools during 1953, the latter, the numbers on rolls on December 31st, 1953.

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Henshaw's Institution for the Blind .....	4	1	5
Catholic Blind Asylum and St. Vincent's School, Liverpool .....	1	5	6
National Institute for the Blind, Sunshine Homes—			
Abbotskerswell, Devon .....	1	2	3
Leamington Spa .....	2	1	3
Condover Hall, Condover, Shropshire .....	—	2	2
Kingswinford, Staffs. ....	—	1	1
Southport, Lancs. ....	—	1	1
Northwood, Middlesex .....	—	2	2
Royal Normal College for the Blind, Shrewsbury..	1	1	2
Chorleywood College for the Blind, Herts. ....	—	1	1
Schools for the Blind, Liverpool .....	4	—	4
Worcester College for the Blind .....	1	—	1
Exhall Grange School for Partially Sighted .....	1	1	2
Preston School for Partially Sighted .....	1	—	1

## DEAF

Royal Residential School for the Deaf, Old Trafford, Manchester .....	57	43	100
St. John's Residential School for the Deaf, Boston Spa .....	6	4	10
Jewish Deaf Childrens' School London .....	—	1	1
Mary Hare Grammar School for the Deaf, Berks...	—	1	1
Royal Cross School for the Deaf, Preston .....	1	—	1
Beever Day Special School, Oldham .....	—	1	1
Liverpool School for the Partially Deaf, Birkdale..	—	1	1

## DELICATE

Jewish Fresh-Air School, Delamere .....	11	16	27
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## DIABETIC

Lea House, Harpenden .....	—	1	1
St. Monica's Hostel, Kingsdown .....	—	1	1

## EDUCATIONALLY SUB-NORMAL

Pontville R.C. Special School, Ormskirk.....	14	—	14
Besford Court, Worcester .....	10	—	10
Allerton Priory R.C. Special School, Liverpool....	—	4	4
St. Francis' Special School, Birmingham.....	—	1	1

## MALADJUSTED

Chaigley School, Warrington.....	1	—	1
Lindens Hostel, Penarth.....	1	—	1
St. Peter's, Horbury, Wakefield.....	—	2	2
Ledston Hall, Leeds.....	1	—	1
Rudolf Memorial School, Dulwich .....	—	1	1
Trench Hall School, Wem, Salop.....	1	—	1
Shotton Hall, Shrewsbury .....	2	—	2

## PHYSICALLY HANDICAPPED :

### *Cripples :*

Marple Orthopaedic Hospital Special School.....	1	2	3
Robert Jones and Agnes Hunt Orthopaedic Special School, Oswestry .....	2	6	8
Biddulph Orthopaedic Hospital.....	1	3	4
Bethesda Home, Salford.....	3	2	5
Greengate Open Air School, Salford .....	1	—	1
St. Vincent's Orthopaedic Hospital, Eastcote.....	—	1	1

### *Others :*

Royal Liverpool Children's Hospital, Leasowe ....	2	2	4
St. Joseph's Heart Hospital, Rainhill .....	—	1	1
Convalescent Home for Physically Handicapped Children, West Kirby .....	3	—	3

## BLIND PUPILS

34 children under 16 years of age are at present attending residential schools. During the year seven children were certified blind, all being young children who were examined as soon as possible after becoming the responsibility of the Education Authority at 2 years of age. Of the seven children, four were suffering from retrolental fibroplasia, one from congenital cataract both eyes, one from optic atrophy and diffuse pigmentary retinal degeneration, and one from congenital absence of the retinas. One has already been placed in the Sunshine Home Nursery School at Southport, and the remaining six have been approved by the Royal National Institute for the Blind for future admission to Sunshine Homes.



## PARTIALLY SIGHTED PUPILS

In June, 1953, the Committee opened two classes for partially sighted children, the first of their kind in the City. One class is for juniors and one for seniors, and each accommodates 15 children. As the pupils attending are drawn from a wide area of the City, special transport is provided. Further reference is made to the new classes in the section of this report headed "Day Special Schools and Classes".

Thirteen children considered suitable for admission are still attending ordinary schools, and in ten of these cases the parents have consented to the children's admission when vacancies occur.

## DEAF PUPILS

Children have their hearing tested at the time of a school medical inspection, but two nurses also examine groups of children by means of the gramophone audiometer. Those with defective hearing may be referred either to the school clinic or the consultant Oto-Laryngologist for further investigation. In many of these cases, the defect proves to be due to minor ear conditions, such as the presence of wax, which can be remedied by treatment at a school clinic ; in others, the hearing is improved by operative treatment. The remainder, however, have further hearing tests at the Central Clinic, where the Puretone Audiometer is used, to ascertain if they are so deaf as to require special educational treatment.

At present 113 children are in residential special schools and one in a day special school.

## PARTIALLY DEAF PUPILS

The same methods which are used to detect deaf children also bring to notice a number of partially deaf children.

After examination by the Oto-Laryngologist and with the co-operation of the Manchester Hearing Aid Centre, 23 children were provided with hearing aids this year, making a total of 47 children provided with hearing aids through this department.

At yet, there is no provision in Manchester of special classes for the partially deaf, and only one child is accommodated in a Special School outside the City. However, it appears likely that facilities may be available in the near future and, as the year ends, all partially deaf children in the City are being made the subject of a special investigation, to decide which of them need education in a special class. This investigation is being carried on by the Senior Medical Officer in co-operation with head teachers and the Senior Educational Psychologist.

## EPILEPTIC PUPILS

Regular medical supervision of epileptics is still being carried on at the Central Clinic. 120 children are at present known to be epileptic. 73 of these attend ordinary schools, as it is considered that their fits

are so slight or so rare by day, that attendance at an ordinary school will not be a danger to the child, nor prejudice the proper working of the school.

47 children more seriously afflicted, are educated at the Committee's Residential School at Soss Moss. As the accommodation at this school is 100, it is more than adequate for Manchester children, who, when ascertained to be suitable for admission, can receive the necessary medical and educational treatment without delay.

Places not used by Manchester children are made available to similarly afflicted boys and girls living in other areas.

#### PHYSICALLY HANDICAPPED PUPILS

Pupils suffering from major crippling defects are dealt with in the Orthopaedic Section of this report. Rheumatic and heart cases are reported on by Dr. Wilfrid Gaisford, Honorary Consultant Paediatrician to the School Health Service, who is responsible for the work of the Cardio-Rheumatic Clinic.

#### EDUCATIONALLY SUB-NORMAL PUPILS

The work of examining and testing suspected E.S.N. children occupies a large proportion of the sessions devoted by medical officers to handicapped children. Approximately 1,000 examinations were carried out last year. These fall into three categories:—

- (1) First examinations of children referred by head teachers, medical officers, health department and welfare officers.
- (2) Re-examination of "border-line" cases previously examined in class (1).
- (3) Examinations of children already in special schools, as a periodic check on their suitability to remain, and also to determine beforehand which will need statutory supervision after leaving school.

This year, as a result of these examinations, 184 children were found to require full-time special educational treatment, 55 were found to be ineducable and reported to the Local Authority under Section 57 (3 & 4) of the Education Act 1944, and 75 were found to require statutory supervision and were reported under Section 57 (5).

It is pleasing to report an addition to the facilities available for E.S.N. children in Manchester. During October, 1953, a unit for children between 5 and 7 years of age was opened at Beech Mount, Harpurhey. This is the first accommodation ever provided in Manchester for E.S.N. children under 7 years old. Twenty children are at present on the rolls and it is planned to increase this to thirty by April, 1954.

A fuller account of the working of this class will be found elsewhere in this report.



## MALADJUSTED PUPILS

The examination and ascertainment of maladjusted pupils is carried out by the Child Guidance Service.

It remains a problem of great difficulty to place those children recommended for special educational treatment, and it appears unlikely that an adequate number of places will be secured until the Committee opens its own school at Buglawton Hall, Congleton. Adaptations are now well advanced, and arrangements are being made to open the school in September, 1954.

At present, nine children are maintained in schools and hostels outside Manchester and 30 children are awaiting places.

## DELICATE PUPILS

The Committee provides for these children in two ways—by admissions to convalescent homes for short periods, usually six weeks, and by admissions to day and residential open air schools, for three months or longer.

The majority of children sent to the convalescent homes go to Dr. Garrett's Home at Conway, which is administered by Manchester Corporation's Health Department. 848 children were accommodated there during 1953. 240 children were sent to other convalescent homes by the Invalid Children's Aid Society and by various hospitals, the charges being met by the Education Committee after careful consideration of each case.

The Committee's Day Open Air School was filled to capacity during the year, and all the available accommodation was utilised at the Residential Schools, apart from the few occasions on which staffing difficulties arose. There is no doubt that the combination of fresh air, good meals and regular medical and dental attention greatly benefits the children who attend, and the facilities are much appreciated by parents. Detailed reports on the medical and educational work of the open air schools are given under the appropriate headings.

## INDIVIDUAL TUITION FOR HANDICAPPED PUPILS.

During 1953 the service has supplied home teaching for 23 pupils, nine of them in a state of chronic invalidism and therefore unable ever to attend school.

The latter group presents the most difficult problem for the teachers, who must constantly devise means of widening the horizon of the home-bound child and of making as real as possible for him the experiences which he cannot himself enjoy.

Television has been of enormous help in this respect and much interesting educational work has been done in connection with items in newsreels, plays and features of the documentary type. Indeed it may well be that some of the home teachers have unwittingly explored the value of television as a future teaching aid.

A meeting of special school teachers was interested to hear an account of her work from one of the home teachers and to see how closely it is allied to work in the wider field of special educational treatment.

Every attempt is made to bring the permanently home-bound children into touch with the world of the school and with each other. Diaries, collections of poems (some of them original), drawings and personal letters have been exchanged with interest and enjoyment. A picture loan system is soon to be introduced through which the children will be loaned a picture for the period of a term, at the end of which time an exchange will be made between pupils who may communicate with one another about the interest of the picture and the artist.

The conditions under which the home teacher may be called upon to work are not always pleasant or adequate, but the gratitude and co-operation of the parents, and the interest and delight of the children, compensates in full measure for all the difficulties.

D. M. TAYLOR.

### **AFTER-CARE OF HANDICAPPED PUPILS.**

The school welfare officers have continued to visit the boys and girls who have left the Committee's special schools. The purpose of these visits is to show a friendly interest in the new life that the young people are leading, and to make known to them the various voluntary and other organisations which can help them in their leisure time.

The majority of parents are grateful for this help and advice and take a keen interest in the progress of their children.

The officers report regularly to the After-Care Committee which sits under the Chairmanship of the Senior Medical Officer, and consists of the special school heads, representatives from the Inspectorial staff, the Youth Employment Bureau and the School Welfare Department.

### **DAY SPECIAL SCHOOLS AND CLASSES**

#### **(a) SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN**

The five special schools and one special class already in being were supplemented during the year by the opening of a nursery unit for children between 5 and 7 years of age. This is the first provision made in the City for educationally sub-normal children under 7 years, and a short report is given below. The following table shows the number of children in attendance at all the Manchester Day E.S.N. special schools and classes; there were, in addition, 98 children awaiting admission on 31st December, 1953.



## E.S.N. DAY SPECIAL SCHOOLS

CHEETHAM SPECIAL SCHOOL	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on registers, 1st January, 1953 .....	63	52	
Number admitted during year .....	18	13	
Number discharged during year .....	23	13	
Number on registers, 31st December, 1953 ....	58	52	110
 HARPURHEY NURSERY UNIT (Opened 5th October, 1953)			
Number on registers, 31st December, 1953 ....	10	10	20
 EMBDEN STREET SPECIAL SCHOOL			
Number on registers, 1st January, 1953 .....	19	40	
Number admitted during year .....	16	17	
Number discharged during year .....	13	16	
Number on registers, 31st December, 1953 ....	22	41	63
 GORTON SPECIAL SCHOOL			
Number on registers, 1st January, 1953 .....	105	40	
Number admitted during year .....	34	15	
Number discharged during year .....	28	18	
Number on registers, 31st December, 1953 ....	111	37	148
 GRANGE STREET SPECIAL SCHOOL			
Number on registers, 1st January, 1953 .....	80	33	
Number admitted during year .....	14	11	
Number discharged during year .....	19	12	
Number on registers, 31st December, 1953 ....	75	32	107
 HAGUE STREET SPECIAL SCHOOL			
Number on registers, 1st January, 1953 .....	45	31	
Number admitted during year .....	15	5	
Number discharged during year .....	13	5	
Number on registers, 31st December, 1953 ....	47	31	78
 SHARSTON AND ROYAL OAK SPECIAL CLASSES			
Number on registers, 1st January, 1953 .....	36	21	
Number admitted during year .....	12	9	
Number discharged during year .....	13	9	
Number on registers, 31st December, 1953 ....	35	21	56
TOTAL .....			582

### NURSERY UNIT FOR EDUCATIONALLY SUB-NORMAL PUPILS

Following completion of adaptations of the former Harpurhey Special School, a Nursery Unit was opened on 5th October, 1953, for pupils of 5 to 7 years of age who, it is considered, will benefit from special educational treatment. The Unit has provision for two classes of a maximum of 15 pupils each, and is associated with Cheetham Special School, which is approximately one mile distant. There are at present 37 children of this age range who have already been ascertained as being in need of such special treatment.

A group of 20 pupils was admitted and the number is to be increased to 30 as soon as practicable. Initially, the staff consists of a teacher-in-charge, nursery assistant, a part-time bath attendant and a kitchen worker. Special transport with an attendant is provided, as the children live in various parts of the City. On arrival a warm drink and light refreshment is given.

Miss D. M. Taylor, the Committee's Inspector of Special Schools, submits the following report:—

“The three months since the opening of the Unit may be regarded as an experimental period during which the individual needs of the children have been discovered and equipment provided and made by the staff to meet these requirements. The general social and educational pattern of the Unit follows closely that of a day in a nursery school. Variations have been evolved where necessary. The children fall naturally into three groups:—

(a) Those of low mentality whom it seems likely will go from the Unit to an Occupation Centre.

(b) Those of higher, but below normal, mentality who will eventually enter special schools.

(c) A small group, at the moment three in number, who are happily settling down to a stable and less emotional form of conduct and who daily become easier to teach. The quick response of these children to the social pattern of the nursery day leads one to hope that they may eventually find their place in the normal stream of education. It is the intention of the teacher-in-charge to attempt some formal instruction in basic education with this group in the Spring.”

The difference in intelligence and social stability of the children calls for constant awareness and patient attention on the part of the staff who, in spite of all their difficulties, have established already a happy community.

All the children have now learned to feed themselves and improvement has been noted in their relationships to each other and in their attempts to organise their own play and occupations.

The gratitude and interest of the parents has been quite overwhelming. The staff of the Unit are grateful for the co-operation and help received from the heads of Alfred Street Secondary Modern School which is adjacent to the Unit. This co-operation and interest is manifest not only in the very considerable practical help the Unit has received from the head teachers, but in the kind and friendly attitude of the children of the two schools towards the little ones attending the Unit.

It is hoped, with the appointment of another teacher from April 1st, 1954, to increase the number of children to the full strength of the unit, which is 30.

#### (b) CLASSES FOR PARTIALLY SIGHTED CHILDREN

At the beginning of the year there were 37 partially sighted children who had been ascertained to require special educational treatment; 34 of these attended ordinary primary and secondary schools in the City and three attended boarding special schools or institutions not belonging to the Committee.

On the 21st April, 1953 two partially sighted classes with a maximum of 15 pupils at each were opened—a class for juniors from 5 to 11 years of age at Bank Meadow School and for seniors from 12 to 16 years of



age at Old Moat School. It has become evident from experience gained since the classes were opened that many of the children are not only partially sighted but are also below average intelligence. The classrooms have been re-decorated and the walls and ceilings painted white. The existing lighting was adjusted to the maximum of 30 candles. As the children live in widely scattered districts of the City, special transport with attendants is provided and a warm drink and light refreshment is given to the children on arrival at the classes.

Miss D. M. Taylor, the Committee's Inspector of Special Schools, writes the following report:—

“The partially sighted classes are now well established not only within, but as part of, their parent schools. The children thus enjoy the advantage of the special educational treatment necessary to their impaired vision while at the same time sharing and contributing to the wide social and educational life of the whole school.

The children of secondary school age join the school groups for swimming, housecraft, music, woodwork, etc., and are able to invite groups of children from other classes to their plays, gramophone recitals and class discussions and debate.

The primary school class produced the school's Nativity Play and took major parts in it. They, too, share in the school's many activities whenever possible.

If the purpose of special educational treatment for partially sighted children is to educate the children to live and work in a sighted world, the conditions obtaining in these two classes, where the required special teaching techniques and equipment are so closely allied to the vigorous social and educational life of the whole school, should go far to ensure the success of this aim”.

#### (c) LANCASTERIAN DAY SPECIAL SCHOOL FOR CRIPPLED CHILDREN

This school caters for physically handicapped children from all parts of the City, and special transport with attendants is provided for those children who do not live near to a convenient bus service or are unable to use public transport because of their disabilities.

The Consultant Surgeon visits the school fortnightly and prescribes remedial and surgical treatment. His work and that of the physiotherapist is referred to in the section of the report dealing with Orthopaedic treatment.

The general health of the pupils was supervised by a school medical officer who attended once each week, and minor ailments were treated by the school nurse attached to the school. Children with speech defects were treated by one of the Committee's speech therapists and particular mention of her work at the school is made in her report in the preceding pages.

The Headmistress has kindly supplied the following statistics and report :—

Number of children	Boys	Girls	Total
On Roll, 1st January, 1953 .....	85	89	134
Admitted during 1953 .....	20	22	42
Discharged during 1953 .....	17	12	29
On Roll, 31st December, 1953 .....	89	80	169

*Reasons for Discharges*

Left for work .....	8	5	13
left the district .....	2	3	5
Left, not fit for school .....	1	1	2
Transferred to ordinary school.....	4	2	6
Transferred to Shaftesbury Homes .....	1	—	1
Transferred to Domestic and Trades Colleges	1	—	1
Deceased .....	—	1	1

*Occupations in which school-leavers were placed*

Office work .....	2	3	5
Light Engineering.....	1	—	1
Arts and Crafts (home) .....	—	1	1
Pattern Card Maker .....	1	—	1
Boot Repairing .....	1	—	1
Apprentice Printers .....	2	—	2
Machinist .....	—	1	1
Textile Designer .....	1	—	1

“Early in January we were able to move into the newly repaired wing, thereby acquiring four extra classrooms, an extended Physiotherapy Department which includes a gymnasium, a treatment room, changing rooms, sunlight room, bathroom and wating room. No extra children were admitted, for they had already come into the school in September, 1952, when it was anticipated that the repaired wing would be ready for use. The overcrowding was greatly relieved by the extra accommodation. The playground attached to the new wing was not then in a good state of repair and it was inadvisable to use it. We are fortunate in having another small playground at our disposal and in fine weather we can use the field so that the children have facilities for outside recreation even though the accommodation is limited.

During the summer months the heating system was overhauled and new boilers and radiators installed. The school has been much warmer since this change was effected and working conditions have been very much pleasanter.

In March, three of Her Majesty’s Inspectors visited the school on three consecutive days and subsequently a report was published.

Very gradually, since the school’s return from evacuation, there has been an increase in the number of children admitted who have cerebral palsy. Because of the dual and triple handicap of so many of these children it has been necessary to arrange special classes for very many, but not all. The admission class (5 to 6 years old) has children with every variety of physical handicap, including cerebral palsy, but in the older age groups, junior, intermediate and senior classes have been formed so that the slow-learning children may receive even greater help than they would if they were in other classes. This reorganisation of



classes seems to have been most helpful and to be the best way of ensuring that those affected physically and mentally may have every chance to develop their potentialities. Speech therapy sessions for certain cerebral palsied children have been increased from one to three sessions weekly. Speech recordings have been made at intervals so that at the end of twelve months it should be possible to assess the value of this rather concentrated therapy.

Each term parents have been invited to school to meet staffs and discuss the children's welfare and see their work. Such meetings have been well attended and the link between school and home is immeasurably strengthened. There is free access to the school at all times for all parents, and over and above the specially arranged meetings they are invited to our end-of-term concerts and jumble sales and always asked to attend when their own child is being re-examined by the surgeon. On this occasion also, parents take the opportunity of talking to their child's class teacher and discussing the child's progress. Quite frequently, too, when parents or staff are worried about some peculiar phase through which the child is going or some unexpected trait in character is revealed, or when there is an adverse physical change, a parent is invited to come along to school so that all concerned—parents, child and school—may present a united front to the problem. An hour or two spent in this way proves invaluable and has a far-reaching effect on the welfare of the child.

There were many special activities during the year. At the Coronation tea party the souvenir beakers and pencils were presented to the children on behalf of the Education Committee. Preceding the tea, sports were held on the school field. During Coronation week a group of seniors, in the charge of the senior mistress, had a holiday at Blackpool. In September, fifty children were invited by the directors of Middleton Tower Holiday Camp to spend a day there. Transport was provided by the Camp and the day was highly enjoyable. A miscellaneous concert was given towards the end of the Summer term and every class contributed in some way. Just before Christmas a pantomime entitled "The Little Match Girl" was produced. This, too, was a very happy affair and was well received by parents and friends as well as affording great joy to all who took part on the stage and behind the scenes. As last year, two Christmas parties were held, one for the infants and juniors and one for the seniors. Father Christmas brought parcels for all, and besides the tea party a ventriloquist entertained. Football and cricket matches have been played against the old scholars and rounders matches played against Bollin County Primary School at Styal and at West Didsbury.

The three houses, Southern, Nicholls and Telford, have continued to work for the Challenge Cup, and at Christmas the members of each house tried to give some happiness to others less fortunately placed. Parcels of food and comforts were taken to some needy old folks by children and staff, and families of young children received gifts and were visited on Christmas Day itself. A school in the centre of the City was

visited before Christmas and gifts for many children taken along. The appeals for the Westminster Fund, the Flood Relief Fund and the Spastics Society all received good support, and substantial amounts have been sent to these organisations.

During the year many groups of training college and university students have visited the school, and we have had visitors from other parts of the country, as well as from overseas, who are interested in the physical or educational aspect of physically handicapped children.

The statistics preceding this account show that some children have been able to return to ordinary school. Although the children are usually loathe to leave us and we are reluctant to part with them, we are nevertheless pleased that we can educate or re-educate children so that they can live a normal life. One boy, in spite of a slight limp—a residue of poliomyelitis—was accepted at the Domestic and Trades College for training as a chef. He is doing well there in spite of home difficulties in the early years.

The officers of the Youth Employment Bureau give invaluable assistance in placing children. This side of the school's work is most important and the way in which the leavers keep their jobs and are able to take on such a variety of occupations reveals that the problem of preparing for employment during the last two years at school is a necessary part of the school's work. The commercial classes provided for the 14—16 age groups is the only form of vocational training, but every senior's ability and aptitudes are very carefully considered and mentally and physically an attempt is made to prepare him or her for some future occupation.

By means of the Old Scholars' Association, which holds a club night once a fortnight, publishes its own "News Letter" and circulates it to all members once a month, holds whist drives, arranges outings by coach in the summer, plays cricket and football matches, and winds up its year with an annual reunion, one can keep in close touch with past scholars, recent leavers, and those of older vintage. The Lancasterian School without its Old Scholars' Association is unthinkable and we rejoice that we can maintain our links with our founders, former members of the staff, and old scholars".

ELIZABETH SLINGER.

#### (d) DAY OPEN AIR SCHOOL, CRUMPSALL

This school caters for delicate children living in all parts of the City and special transport is provided for those not able to use a normal bus service. The school is visited on two half-days each week by Dr. Melville, a school medical officer, who has submitted the following report on her work and on the health of the children.



“Crumpsall Day Open Air School has been in existence for nearly a quarter of a century, during which time many hundreds of children have passed through its classrooms. The ideals its founders strove to follow are still as vital and as necessary now as they were then.

Admittedly, during this same period much has been done that has been of enormous benefit to children generally, such as the growth of the garden city, provision of school meals and medical facilities, and the building of new schools whose planning bears the imprint of ideas springing from the experience of the open air school pioneers. In spite of these advances, there still remain many who, because of temporary or permanent physical handicap, cannot take their places profitably nor happily among their more robust school-fellows.

For these, the Open Air School was planned. There, they are helped to attain a healthy body and mind; there, they are taught to follow a healthy way of life—a lesson that, once truly learned, carries its influence far, far beyond the school-leaving age.

To achieve this pattern many threads are woven together; fresh air, sunshine, space and freedom for recreation, the sight and feel of something green and growing, good food, rest and medical care, and the provision of an education suitable for each child's individual capacity.

In such surroundings, the handicapped child ceases to feel different from his fellows, and his confidence is restored—often the first and biggest step to mental and physical improvement. Seldom does the child, shy and frightened on admission, remain so for very long, and the happy comradeship and friendly attitude of the children are points most often remarked on by our visitors.

The type of case referred for admission remains very much the same as in previous years—general debilities forming the largest single group. These respond very quickly and satisfactorily to the school routine and are soon able to be discharged, well able to grapple with any problems that may present themselves. Heart cases, asthma's, chronic bronchitic's and bronchiectasis are more difficult problems and form the bulk of our permanent scholars. Were it not for the Open Air School very little education would be possible for them, but they settle down here happily and their attendance generally is surprisingly good.

Several children not considered to be responding well have been transferred to the residential schools, from which we, too, have received cases improved sufficiently to return to their homes but not to their ordinary schools. The Day Open Air School is, therefore, a useful central link in the educational chain.

We have had requests from parents for boys reaching school-leaving age to remain longer and from a doctor for the re-admission of a girl, who had taken up factory work on leaving school and whose condition had deteriorated.

Parents in increasing numbers are coming to discuss with me problems arising from their children's disabilities. During the year, 133 parents

did so, and although frequently a whole session may be taken up in this way I think it is time well spent, especially where, as sometimes does happen, there is a conflict of opinion.

Once again the whole school, staff and pupils alike, were thrilled when it became known that, through the generosity of the Anglo-Austrian Society and the Education Committee, four of our severe asthma cases were to have a holiday on the continent. Two boys and two girls were chosen for the severity of their disability and for their general suitability—all were grand little people. A month was spent at a hostel high up in the mountains of Carinthia, in company with Austrian, Italian and German children. Language difficulties did not seem insuperable, and the food, until diagnosed as something foreign to British palates, was generally enjoyed. Rambles and games in the forests were greatly appreciated, and the children were thrilled by visits to Vienna, Salzburg and Venice, where sailing on the canals, though unfortunately not on a gondola, became for them an undreamed of reality. Only one child had an attack of asthma during the stay in the mountains, and that was a slight one. They certainly looked very well on their return.

Many visitors, including doctors, health visitors, teachers and groups of students, come to spend a morning seeing what is done in a highly industrialised city for its delicate children. All are interested and many are amazed to learn how much care and thought is given to their problems.

The following tables show the numbers examined and treated at the school clinically during the year—

Number of children :	Boys	Girls	Total
On roll at 1st January, 1953.....	134	117	251
Admitted during 1953.....	63	67	130
Discharged during 1953 .....	66	57	123
On roll at 31st December, 1953 .....	131	127	258
<i>Number of medical inspections :</i>			
On admission .....			130
Re-inspected during year .....			730
<i>School Minor Ailments Clinic :</i>			
Number of defects treated :			
Eye defects.....			136
Ear defects.....			130
Skin defects .....			104
Miscellaneous .....			666
Number of treatments given .....			5,033
Number of children receiving breathing exercises .....			78
Number of treatments given .....			2,230
Number of children receiving ultra-violet ray therapy .....			68
Number of treatments given .....			1,614

For their unfailing co-operation and enthusiasm my thanks are due to the Headmistress, Miss Neild, and her staff, and to the school nurse for her hard and conscientious work.

MARY A. J. MELVILLE.



## RESIDENTIAL SPECIAL SCHOOLS

### (a) SOSS MOSS RESIDENTIAL SCHOOL FOR EPILEPTIC CHILDREN

This school continues to provide special educational and medical treatment for children who suffer from epilepsy. The children who particularly benefit from residence in Soss Moss are those who are unable to be educated under the normal régime of ordinary schools, not only in their own interests but for the sake of the others in the school.

The general medical care is undertaken by a local practitioner and special visits by a medical officer take place at regular intervals and also at other times when considered necessary.

The Committee have decided to proceed with certain improvements and the first stage will be the extension of the school block to provide additional but larger classrooms. After this is completed it is hoped to proceed with various improvements affecting the residential buildings.

Details of the number of children in residence during the year are as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children in residence, 1st Jan. 1953..	47	40	87
„ children admitted during 1953 .....	15	6	21
„ children discharged during 1953 .....	13	10	23
„ children in residence, 31st Dec. 1953	49	36	85
„ Manchester children in residence during 1953.....	25	22	47
„ children of other Authorities in residence during 1953 .....	37	24	61

The visiting physician has submitted this report about the treatment prescribed and the health of the children.

“During the past year the general health of the children at Soss Moss has been very good indeed and the sickness rate has been very low.

The only infectious diseases have been mumps (five cases) and chicken-pox (six cases). Of status epilepticus there was only one case, which was followed by broncho-pneumonia. This girl made a complete recovery.

In my last report I mentioned the new anti-convulsant drugs, Mysoline and Paradione, which were being used. They have been prescribed again in carefully selected cases and, together with the continued use of Tridione and Luminal, have resulted in 21 children being free from attacks for a year. It is anticipated that when another year has passed this figure may well have risen. Many children are more effectively treated by two drugs—each of which controls one of the forms of epilepsy which may be affecting a child.

The following table shows the medical defects treated:—

Status epilepticus with broncho-pneumonia .....	1
Infection of the throat .....	1
Mumps .....	5
Middle ear infections .....	4
Minor injuries .....	8
Chicken-pox .....	6
Skin lesions .....	3
Hay fever and asthma .....	2
Upper respiratory minor infections .....	3
Fractures of lower limb .....	1

W. V. WALLACE.”

The Headmaster has kindly supplied the following report:—

“Not only has Coronation Year been one of varied and memorable activity in the school, but one during which the happy relations existing between parents and staff have been widened and strengthened.

A Parent-Teacher Association is impossible, but on the several occasions mentioned in this report, and others, opportunity was provided, and accepted, for friendly conversation and discussion between parents and staff. There can be no doubt that the children indirectly derive great benefit from this mutual confidence.

To mark the Coronation itself, a tree planting ceremony followed by a tea party and entertainment was organised. Two almond trees planted by the eldest girl and the youngest boy will tell others of the exciting year. After the ceremony, the party took place in the school hall. For the day's events an appeal had been made to the parents, and their response in both money and kind was most generous. Miss D. M. Taylor, Inspector of Special Schools, spent the afternoon with the children.

For the first time, the annual sports were held on a visiting day, and the crowded lawns showed the interest of the parents. Dr. E. Malcolm Jenkins, Senior Medical Officer, presented the prizes and addressed the gathering.

Later in June, two coach-loads of children travelled to Manchester to see the decorations and the film “A Queen is Crowned” while the younger children saw the shorter Coronation films in Wilmslow.

The Parents' Day in July gave relatives and friends the opportunity of seeing the exhibition of children's work and meeting and talking to the teachers, while a parents' meeting in December, addressed by Miss Taylor, filled the hall.

The school's correspondence with Captain S. L. Mee of the m.v. *British Triumph* continues. At Christmas we received a large box of sweets from the Captain, which gift was reciprocated by a shopping basket, hearth brush, wooden tray and a pair of Fair Isle gloves, all made in school and intended for the Captain's wife.

Two dramatic entertainments, in May and December, were given by the children to their nurses and to one another. On both occasions an item was given by each group, which meant that more than half the of children in the school took an active part. New draw-curtains which arrived in December will add to the pleasure of players and audience.

The evening clubs continued, and during this year an additional meeting for the younger girls was inaugurated. More than 70 children attend one or other of the three meetings each week.

The practice of sending small intimate groups of boys or girls into Manchester or elsewhere has been continued. In all, ten such parties have spent a day in town, visiting some place of educational interest and doing a little shopping. The most thrilling outing was probably that of the girls who saw Princess Margaret.



At Nether Alderley Church, in March, the Bishop of Chester confirmed 12 children. Many parents attended the Service, one family coming from Leicester and another from Lincoln.

To the Alderley Flower Show, the school submitted 19 entries and gained six prizes. For the Harvest Festival, the hall was again decorated by the head gardener, who also judged the gardens for the School Garden Day. A collection taken at the Harvest Service was sent to the Westminster Abbey Fund.

Football, netball and cricket matches have been played with the neighbouring schools.

The Christmas Party was the usual ebullient occasion. The Deputy Chief Education Officer, Mr. J. K. Elliott, acting as Father Christmas, presented the children with their Christmas presents. After tea there were party games and dancing.

During the year ten boys and four girls have reached the school-leaving age. Of these, it is known that eight boys and three girls are working. Nothing is known of the others."

HOWARD BURTON.

*(b)* MARGARET BARCLAY RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN.

This school caters for severely crippled children and has an authorised accommodation of 58, with an age range of 5—16 years.

The average number in residence during the year was reduced to 45, as structural alterations are taking place. When the new wing, which will provide dormitory and class-room space for 24 children, is completed in April, 1954, all the children will be housed on the ground floor and some improvement will be effected in the rather overcrowded conditions of the staff.

The next stage in the building development at this school is the proposed erection of a new physiotherapy department, and it is expected that a start will be made immediately the new dormitory is completed. Consideration is being given to the possibility of incorporating a hydrotherapy bath.

A comprehensive scheme for the provision of extra dormitories, school block and playrooms has been prepared and included in the second five-year phase of the Committee's Development Plan, which has recently been approved by the Council.

The Committee's Consultant Surgeon attends the school at fortnightly intervals and orthopaedic treatment is given by the physiotherapists on the staff. Particulars of the various disabilities of the children in residence during the year are included in the Orthopaedic section of the report.

A local medical practitioner, Dr. G. H. Gattie, who supervises the general health of the children, has kindly submitted the following report:—

“There have been quite a number of minor illnesses, such as sore throat, chicken-pox and septic skin conditions, but otherwise the health of the children has been good during the year. We are still awaiting the completion of the new wing which will help to relieve the overcrowded position, and particularly look forward to the major building scheme, which will provide a playroom, class and staff rooms, which are so badly needed.

One serious difficulty is the lack of an isolation ward for minor or suspected infectious cases but, under the present conditions, one does not feel that any existing room can be given up for this purpose.

Since June there has been weekly visiting by parents. This has been a doubtful blessing and has, I think, led to an increase in the number of sore throats and nasal infections.

Details of admissions and discharges are as follows:—

Number of children :	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
In residence, 1st January, 1953.....	22	21	43
Admitted during the year .....	4	—	4
Discharged during the year .....	6	2	8
At 31st December, 1953 .....	20	19	39

G. HUBERT GATTIE.

The Headmistress contributes the following report:—

“On looking back over the year 1953 there seems little to report. There have been many interruptions, disappointments and frustrations due to the number of minor ailments we have had, the most calamitous being the cancellation of our Christmas Concert, Tree Day and Parents’ Day owing to an outbreak of that ignominious complaint, chicken-pox.

Before the onset of the chicken-pox we had managed to take most of the children of 8 years of age and over to do their own Christmas shopping in Altrincham. The school’s shooting brake was invaluable, and we felt that the expeditions taught the children something of the value of money, and brought home to them the cost of even the cheapest toy.

During the year we have introduced some woodwork into our curriculum, and although so far the results are only slight, the boys are very interested and keen to adventure.

The highlight of the year was undoubtedly the Coronation. The Procession and the Abbey Ceremony were viewed on the television set by everybody, and thanks to the excellent arrangements of our wonderful and resourceful Matron we were all able to view and to be very well nourished at the same time. A Whist Drive and Dance, arranged by the staff and held in the Victory Hall, was so excellently supported by our friends in Mobberley and by the parents of our children that over £60 was raised to provide extra celebrations for the children. This money enabled us to have a day at Ainsdale Beach, whence we journeyed in two coaches, travelling via Manchester and Salford, where we saw



some of the decorations. We were accompanied by the brake, which was loaded with wonderful things to eat and drink. After an afternoon on the beach marred only by "a wind like a whetted knife" we went on to Southport, where we had tea in a café—plaice and chips, cakes and trifle—children's choice! An afternoon of films, and another of indoor sports when every girl won two pairs of Coronation socks and every boy a gay Coronation tie, completed the week.

The most memorable afternoon, apart from the actual Coronation Service, was June 9th, when the children held their Service of Dedication. As the afternoon was fine and sunny, we were able to use our lovely tree-fringed lawn as the setting. The Rector of Mobberley, the Rev. H. S. Randle, acted as our leader, and the main insignia, which had been made as accurately as possible by the boys to a two-thirds scale, was carried in correct order and placed on a table. This was draped by a Coronation banner which had been worked by the girls. Explanatory passages were read by the less mobile children. Many parents and friends were present and all were deeply impressed by the dignified and reverent bearing of the children. Visits to the Pageant of Dance at Belle Vue and to the film "A Queen is Crowned" completed a very full fortnight.

ELSIE J. DUFFY."

#### (c) RESIDENTIAL OPEN AIR SCHOOLS

The Education Committee maintains two Residential Open Air Schools for delicate children. One, at Styal, Cheshire, has accommodation for 56 boys and 56 girls and is pleasantly situated on the fringe of the Cheshire plain. Although the immediate vicinity is still rural, Manchester has extended so far south that the school is now not very distant from the City boundary. The other school, at Summerseat, near Bury, has accommodation for 34 girls and is set amongst the Lancashire moors.

The domestic and nursing staffing situation at both schools has been difficult during the year and it has not been possible to utilise the full accommodation for children at certain periods.

A number of children from the Residential Open Air Schools, with others from the Day Open Air School, were fortunate enough to spend a month's convalescent holiday in Carinthia, the British Zone of Austria. The visit was made possible by an offer from the Anglo-Austrian Society and the selected children were those suffering from asthma or other respiratory disease.

The children left Manchester on Friday, 3rd April, and travelled to London where they joined about 60 more children from other areas. They were accompanied by a woman member of the School Health staff, who also accepted responsibility for the whole party, with other leaders.

The holiday was a great experience for all who were fortunate enough to be included in the party. The majority of the children took a little time to settle down in a strange land, but by the end of the first week

they had recovered from home sickness and enjoyed fully the outings that had been arranged for them. The Manchester children, reported to be amongst the most delicate at the beginning of the holiday, were soon noticed to be looking much better.

On their return home on 3rd May they all expressed their enjoyment of the holiday and felt very much better for it. They were examined after their return and all but one appeared to have improved ; the exception was a girl, the most seriously affected, who did not like the food and showed no gain in weight. Apart from the physical improvement, an improvement in the mental outlook was noticed. One girl, particularly, who came from a poor home, acquired a new confidence from the visit. A further offer of ten places in a party to visit Carinthia during 1954 has been made and accepted.

(i) *Residential Open Air School, Styal.*

During the year the work at this school continued on familiar lines as mentioned in previous reports. Despite the staffing difficulties, it was possible for 118 boys and 118 girls to have varying periods of residence in the school, a total slightly lower than the previous year.

The medical report which follows the statistical table has been kindly supplied by the local practitioner who acts as visiting medical officer. The Headmistress has also provided a report on the work of the school during the year.

Number of children :	Boys	Girls	Total
In residence, 1st January, 1953.....	32	43	75
Admitted during the year .....	86	75	161
Discharged during the year .....	91	97	188
In residence, 31st December, 1953 .....	27	21	48

“During the year 1953 the majority of children admitted to the Manchester Residential Open Air School at Styal were found to be suffering from debility due to defective nutrition, or respiratory disease. After an average stay of six months the great majority of children benefited, most of them having increased their weight before being discharged.

There were no epidemics in 1953, but there were the usual miscellaneous collection of sore throats, colds, coughs, boils, cuts, bruises, sprains, and minor digestive disturbances. There were also a few cases of mumps, chicken-pox and tonsillitis.

Each child was examined on admission, once every term, on discharge, and whenever necessary.

Routine visits were made on four days each week, and also whenever necessary.

Immunisation for diphtheria was done when desired.”

R. EDMONDSON.

“During the year 161 children were admitted and 188 discharged. The children were suffering mainly from bronchial ailments and nervous and general debility.



The Spring Term was a particularly difficult one, due to infection. There were several cases of scarlet fever and chicken-pox. This necessitated the isolation of contacts, who were taken by one teacher, and the re-grouping of classes. This happened with each case of infection, causing extra duties to fall on the staff. Everyone felt the strain of this term.

Work in school has continued along the lines indicated in previous reports, and gardening has been a prominent feature, giving good results. Mr. Sant, the school gardener, has very kindly helped with the winter digging.

The usual social events have taken place; inter-school football matches and Country Dance Parties, Parents' Days, Sales Days and Sports Days. In addition, a Coronation Party was held during the Coronation holiday and a short time afterwards a Parents' Garden Party. On the Christmas Parents' Day the children performed their Christmas plays. Displays of physical training and dancing were given, and a short Carol Service was held before the Christmas Party.

Visits during the year have been made to a circus, a pantomime, and the Nativity Play performed by the Bollin School.

During the spring term three children had the opportunity of going to Austria. On their return one child came back here and the other two returned to their respective City schools.

A Cheshire school very kindly donated to us their Harvest Festival gifts of bread, jams and fruit, flowers and vegetables of every kind. It was a gift of considerable size and was much appreciated.

The year 1953 has been one of great fluctuation in the pupil personnel of the school, owing to the temporary closure of one of the girls' houses for decoration, because of lack of staff, and by the withdrawal of some children by their parents before the prescribed length of stay. Such fluctuation calls for constant reorganisation of the school programme.

In spite of this, however, the work of the school has progressed. Every effort has been made to ascertain and, wherever possible, to improve the child's academic attainment and to return him to his parent school well able to take his place in class confidently and happily.

Let us hope that 1954 will bring a solution to the problem of the short-stay pupil and so make possible the implementation of the many plans by which we hope to widen and enhance the school curriculum."

M. WEBSTER.

## *(ii) Summerseat Residential Open-Air School.*

At the beginning of the year it was not possible to utilise the full accommodation due to shortage of domestic and nursing staff. Despite the similar difficulties at varying times, 72 girls were in residence during different periods, slightly fewer than the previous year.

The local practitioner who acts as visiting medical officer has kindly supplied the report on the health of the children, and the Headmistress

is responsible for the information about the work done in the school during the year.

Number of children :

In residence, 1st January, 1953.....	14
Admitted during the year .....	58
Discharged during the year .....	58
In residence, 31st December, 1953.....	14

“There has been no alteration in the routine carried out in previous years. The girls are medically examined as soon as possible after admission to the school, and at monthly intervals afterwards. Regular weekly visits are made and additional ones at the request of the Matron.

No epidemics have occurred and no case of infectious fever has been recorded. Two children were transferred to a hospital for treatment which could not be carried out at the school; one of these children was discharged from the hospital to her home.

There has been an increase in the proportion of children taken home at the request of their parents and against medical advice. Most of these children had stayed for only a few weeks in the school and could not have gained any benefit.”

H. KELSEY.

“During the past year, marked progress has been made in the basic subjects, particularly in the junior group.

As 1953 was Coronation Year, extra time and interest were given to the school gardens. An excellent display of red, white and blue hyacinths in full bloom for the memorable week in June crowned the efforts of the juniors. The seniors, later in the season, won a second prize for roses in an open competition.

We continued the visits to Bury Art Gallery—an enlightening experience for most adolescents.

As an experiment, the handwork of the seniors was based on congenial hobbies, which could be continued at home when the girls were discharged. As a result, much good work was done in knitting jumpers and cardigans, in embroidery, in rug-making, and in simple dressmaking. A few of the older girls became interested in painting pottery.

Of our many “Open” afternoons, the Harvest Pageant was perhaps the most stimulating, when the fruit and flowers were taken to the Marland Hospital, Rochdale.

To celebrate the Coronation, we visited Southport for the day—a truly memorable occasion, the highlight of which was lunch in a first-class restaurant on Lord Street. This was a social experiment which made us all proud of our girls.

Three of the seniors had the privilege of a holiday in Austria, an experience of great value both physically and mentally.

Many of our old scholars have found congenial work and are going well. Several of them are receiving extra tuition at the expense of their employers.



On the whole, 1953 was a year when much that was planned was accomplished, and the traditions of the school were maintained."

I. ALCOCK.

(d) BOSTOCK HALL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN.

This school, which is pleasantly situated in Cheshire, was opened in October, 1950, for children from 7—16 years of age of both sexes.

The maximum accommodation has hitherto been 40, but approved adaptations when complete, will eventually increase this number to 100. Work has been proceeding during the year, and this is now almost finished ; preliminary arrangements have already been made to admit an additional 20 children in March, 1954.

The Headmistress reports:—

"Bostock Hall School has undergone major adaptations during the past year. The "Cheshire Wing" is now completely rehabilitated and the domestic staff has moved to its permanent quarters, thus releasing the necessary dormitory space for additional children. The children's dining room, which has been made from the original Hall kitchen, is indeed a delightful room of which we are justly proud.

Next term will see our housecraft room completed and we look forward to the introduction of housecraft in the school curriculum. The new fire escapes are finished and happily do not intrude unduly on the appearance of the building.

During this period of reconstruction, social functions have of necessity been limited. A combined Sports Day and Coronation Party was held in June. Trees were planted by the children, by members of the administrative staff, and by overseas visitors. At Christmas, Carol Services were held in Davenham Church, in Winsford Methodist Chapel, and in the School.

A fortnight's holiday at Colwyn Bay was a delightful change for teachers and pupils.

Contacts with school events in Manchester have been made wherever possible. Children have taken part in a week-end camp at Lyme Handley, the Country Dance Festival and the Manchester Bulb Show, where they were awarded some of the prizes.

Shopping for "best" clothes in Manchester is always an interesting event and a valuable experience. Excursions to places of interest and local events have formed part of the curriculum, and a visit to Chester was an important venue one Saturday.

During the year, Ravensbury Street Youth Club presented the school with a beautiful gramophone record cabinet which they had made. Mr. F. Smith, the Committee's Organiser of Physical Education, held several camp training week-ends for children from Manchester Day Special Schools. This is a feature which we hope to develop during the coming year.





*“Before and After Orthodontic Treatment”*





Some of our boys earned pocket-money out of school hours during harvest time.

With the house in the hands of workmen for such a prolonged period, it has been sometimes difficult to keep education paramount. We have tried, however, to accept the upheavals as challenges and to meet all our difficulties with ingenuity and good temper ! We now look forward to the fulfilment of the many plans which the adaptations have made possible."

M. EDWARDS.

The visiting physician, a local medical practitioner, submits the following report :—

"I have much pleasure in submitting my annual medical report about the children at the school.

They have been fortunate this year with no outbreaks of infectious diseases.

One girl with a broken leg, who was treated at the local hospital, made a very satisfactory recovery, and apart from this rather unusual case there is nothing else of note to report.

Their general health has been very good and they continue to develop under ideal conditions."

R. DUDLEY JONES.

#### RIBBLE LODGE HOSTEL.

This Hostel is for educationally sub-normal boys and girls between the ages of 7 and 16 years. It is situated in a busy suburb some 3 miles from the City Centre, and the 32 children travel each day by special bus to Cheetham Special School.

Miss G. E. Murray, the Headmistress of Cheetham Special School and Warden of the Hostel, reports:—

"The year 1953 has seen rather a larger influx of new children than usual as a result of vacancies caused by leavers. These new children need a great deal of help in learning to be members of a large group. They have to learn to play happily and unselfishly with communal toys, to take care of their own property as well as other peoples' and all the general give and take of family life. As most of these children have never experienced order and security in their lives, change is bound to be bewildering for some time. Although the staff have to give extra care and help to these newcomers, they are consoled by the contrast of the new with the old, in that the contrast is a measure of what has been achieved in the past. While living so closely with our problems, it is difficult to measure the degree of achievement.

Special attention has been given to preparing the older boys and girls for living in the outside world, where some self-reliance will be required of them and where adults will not be quite so understanding of their



needs. The older boys have been learning to keep their long trousers well creased and have had some practice in washing various of their own garments. They have been taken out to dances and socials arranged by friends, and to churches with the older girls, in order that they can mix with adults and children from outside their community and be acquainted with wholesome ways of spending leisure time. The girls have learnt to cope with long stockings and to have a weekly wash-day and mend some of their clothes. This is supervised by the housekeeper and rewarded by spending the rest of the evening cosily round her fire until bedtime, listening to the wireless, playing games, or reading.

The knitting of thick woollen jumpers, all different, combined with home knitting of berets, scarves and mittens to match, by the children has smartened them up considerably and also infected the day pupils with a desire to emulate us.

Old-Tyme dancing continues to be a favourite pastime and Scottish dancing has now been added to the children's accomplishments. Although participation is voluntary, it is found that several boys are always present and dance really well.

The Library continues to grow and flourish and the children's reading is improving. There was great excitement when six children were allowed to choose books from a more difficult group as they had made marked progress in school.

The weekly banking of money is an important event. Some of the older pupils have saved enough money to enable them to start an account in the Post Office Savings Bank with 10/- or £1. When the children leave school all their assets will be transferred to the Post Office Savings Bank to start them off as wage-earners fully aware of the procedure for saving money".

G. E. MURRAY.

## HOSPITAL SPECIAL SCHOOLS

### ABERGELE SANATORIUM HOSPITAL SPECIAL SCHOOL.

The Education Committee are responsible for the educational facilities in this Hospital Special School in Abergele Sanatorium, as the majority of the children are Manchester residents.

The Sanatorium which provides medical and surgical treatment for tuberculosis is administered by the Welsh Regional Hospital Board through the Clwyd & Deeside Management Committee.

Miss M. Park, the Headmistress, has contributed the following report:

"This has been a year which has given a sense of achievement in our school. Outstanding memories are of a twenty-first school birthday celebration for the whole school followed by a staff theatre party.

When the floods invaded the East Coast the children organised an effort to gain money for the relief of suffering—a very satisfying gesture when one realises the sorrow in many of the hospital family histories.

The Summer Festival in May, “Coronation Capers,” was honoured by the presence of Councillor Mrs. Eveline Hill, M.P., J.P., as our guest of honour. Again a coloured film was taken as a permanent and interesting record of the function.

Coronation week, and in particular Coronation Day, was an awe-inspiring occasion. Television made it possible for the Sanatorium to share with the nation, and indeed with the whole world, the majestic and memorable day and all were conscious of the solemnity and wonder of the day.

In Commercial Subjects teaching, much has been achieved in the award of certificates, and one of our scholars was successful in being appointed to the Hospital Office Staff as a result of attainment.

We have been pleased to welcome teaching students from Bangor, and to hear of their keen interest in hospital teaching. A former member of our staff is now Head Teacher of Lord Mayor Treloar Hospital—we rejoice in her promotion. Retired teaching members have visited the school for Poetry Parties, Spelling Bees and Singing Festivals—a great testimony of their regard and interest in Abergele.

Christmas again brought Parties, Cabaret, Concert and Carol Service. Happy memories in hospital life.

One ward is now occupied by adults, and our school is smaller in numbers. If this indicates medical progress in the fight against disease we rejoice, but whilst children need chest treatment we hope Abergele will be given ample opportunity to serve them”.

M. PARK.

Number of children :	<i>Boys</i>	<i>Girls</i>
On roll, 1st January, 1953.....	87	87
Admitted during the year .....	78	65
Discharged during the year .....	85	71
On roll, 31st December, 1953 .....	80	81

BOOTH HALL HOSPITAL SCHOOL.

Booth Hall Hospital, which is administered by the Regional Hospital Board, provides medical and surgical treatment for children and the Education Committee are responsible for the school within the Hospital. Educational facilities are available both in the wards and in classrooms which are specially converted wards.

The Head Master has kindly submitted the following report on the work of the school during the year :

“During 1953 there has been a continued expansion of the services of the school. This began in 1952 with the organisation of a staggered holiday scheme for the teaching staff which enabled the school to continue during most of the statutory holiday periods.

This year a “burns unit” has been opened in the Hospital to provide specialised treatment for children who have been burned or scalded. The 19 beds in the unit are occupied by children from the S.E. Lancs.



area and an extra teacher has joined the staff to teach them. The position now reached is that the school staff has very nearly been doubled since the school was opened in 1947.

The children in hospital who are on the School books may be divided into two very broad groups; a long-stay group consisting chiefly of orthopaedic cases with some heart cases, and a short-stay group, which is the larger one, consisting of medical and some surgical cases. The teaching given is on an individual basis so that it is possible to cater for the different requirements of the two groups. Since the children normally attend the range of schools to be found in Manchester, their requirements cover an equally wide range, but each child receives help at the appropriate level. .

One of the problems of a Hospital School is that of recreational activities outside school hours.

The teachers help in this by running a branch of the Manchester and Salford Hospital Library Service so that each child in the Hospital is visited at least once a week. Strange as it may sound, the Coronation has also helped in this matter. In order that the ceremony could be seen by the children, the *Manchester Evening Chronicle* organised a fund for the purchase of television sets. Four sets were presented to the Hospital in May and the good people of Bispham Street, Newton Heath, raised a sum of money at the time of the Coronation and presented another set. These five sets are installed on wards and are very popular indeed.”

L. CUNLIFFE.

	Boys	Girls
Number on roll at 31st December, 1952 .....	35	18
Number admitted during the year .....	204	152
Number discharged during the year .....	207	132
Number on roll at 31st December, 1953 .....	32	38

STYAL COTTAGE HOMES.

Acting in an advisory capacity, the School Medical Officer is responsible for the medical supervision of the children in Styal Homes, as at all the Children’s Committee’s Establishments.

The local general practitioner, Dr. Edmondson, attends four times each week and, on request, in any emergency. He medically examines the children on admission, prior to discharge, and at regular intervals during their stay. A small hospital in the grounds is staffed by two trained nurses who provide treatment and care for the sick children.

The children attend the nearby Bollin County Primary School, which is administered by the Manchester Education Committee, and periodic medical inspection in the various age groups was undertaken by a school medical officer in accordance with the normal School Health Service scheme. Dr. Edmondson was notified of any defects found and, where necessary, treatment was provided either at the Homes or at a school clinic.

Dental supervision and treatment was given regularly by Mr. G. L. Lindley, a school dentist, and the children's eyesight was supervised by Dr. A. M. Dugan, a School Medical Officer, who made monthly visits to the Homes.

The visiting physician reports that the health of the children was generally satisfactory and that no serious epidemic occurred during the year.

CONVALESCENT TREATMENT

As in former years, the Committee has provided convalescent treatment for children who, because of illness or debility and unsatisfactory home conditions, have needed it.

As in previous years, two Homes have been used for this purpose—the Dr. Garrett Memorial Home, Conway, which is administered by the Health Department, and the privately owned St. Joseph's Convalescent Home, Freshfield. There has again been close co-operation with the Invalid Children's Aid Association, which submits recommendations and find places for children in various convalescent homes.

During the year 1,088 children received convalescent treatment, 939 through the Committee's arrangements and 149 by the Invalid Children's Aid Association. The Dr. Garrett Memorial Home accepted 848 new cases compared with 754 in 1952. On three occasions during the year there were no admissions and discharges because of outbreaks of infection and shortage of staff.

The majority of recommendations have been received from school medical officers, others have come from the Maternity and Child Welfare Section of the Health Department, from Booth Hall Hospital, the Duchess of York Hospital, the Chest Clinic, the Manchester Royal Infirmary, Wythenshawe Hospital, and from general practitioners.

In 1953, 1,219 children were recommended for convalescent treatment. There were 105 children awaiting treatment at the end of the year, and 931 children were discharged in 1953 compared with 811 in the previous year.

The following tables show the numbers of children dealt with during the year through the Committee's arrangements :

Number of children :	
Admitted, 1st January to 31st December, 1953 .....	939
Discharged, 1st January to 31st December, 1953 .....	931
Remaining in Convalescent Homes at 31st December, 1953 ....	131

ADMISSIONS

<i>Quarter :</i> March .....	201
June.....	231
September .....	262
December .....	245

DISCHARGES

<i>Quarter :</i> March .....	212
June.....	225
September .....	298
December .....	196



## SUMMARY OF ADMISSIONS

	<i>Number of children</i>
Dr. Garrett Memorial Home, Conway.....	848
St. Joseph's Convalescent Home, Freshfield .....	91
	<hr/> 939 <hr/>

## SUMMARY OF DISCHARGES

	<i>To Abergele Sanatorium</i>	<i>To home, improved</i>	<i>To home, fit</i>	<i>On demand</i>
Dr. Garrett Memorial Home, Conway..	1	36	690	120
St. Joseph's Convalescent Home, Freshfield	—	3	75	6
	<hr/> 1 <hr/>	<hr/> 39 <hr/>	<hr/> 765 <hr/>	<hr/> 126 <hr/>

In 1953, 175 recommendations were cancelled. Details of these are as follows :—

Cancelled by School Medical Officer .....	12
(no longer in need of treatment)	
Cancelled by parent (did not wish child to go away) .....	40
Did not keep appointment .....	123
	<hr/> 175 <hr/>

## JOURNEYS

<i>Quarter</i>	<i>Dr. Garrett Memorial Home</i>	<i>St. Joseph's Convalescent Home</i>
March .....	10	7
June.....	11	6
September .....	13	6
December .....	13	6
	<hr/> 47 <hr/>	<hr/> 25 <hr/>
	Total 72	

## INCIDENCE OF INFECTIOUS DISEASES

### *Dr. Garrett Memorial Home :*

Tonsillitis .....	77
Scarlatina .....	10
Chicken-pox .....	30
Rubella .....	23
Mumps .....	4
Glandular Fever .....	1
Dysentery .....	1

### *St. Joseph's Convalescent Home :*

Measles .....	5
Chicken-pox .....	3

The number of children recommended by the Invalid Children's Aid Association and placed by them, following the Committee's approval, is given below, together with the names of the Homes to which they were sent :—

West Kirby .....	15
Ormerod Homes, St. Annes .....	28
St. Joseph's, Freshfield .....	30
Taxal Edge .....	18
Hilbre Nursing Home, Prestatyn .....	20
Ellen Ganner House, Hoylake .....	9
South Meadow, Pensarn.....	12
Margaret Beavan House, Pensarn .....	8
Tanllwyfan, Colwyn Bay .....	9

## TUBERCULOSIS

The closest co-operation between the School Health Service and the Manchester Chest Clinic continued as in previous years, and children found at medical inspections in schools or clinics to be possible cases of tuberculous infection were referred to the Chest Clinic. Reports showing the diagnosis and treatment prescribed were received regularly.

Dr. M. J. Greenberg, the Consultant Chest Physician at the Chest Clinic, has kindly supplied the statistics for this report which relate to the age group 0—14 in accordance with the Clinic's system of recording in five-year age groups :—

Ages : 0—14 Years		
	<i>Number examined at the Chest Clinic</i>	<i>Number notified as Tuberculous</i>
1944 .....	1,262	149
1945 .....	1,005	166
1946 .....	1,019	148
1947 .....	1,039	155
1948 .....	1,150	140
1949 .....	1,230	154
1950 .....	1,477	143
1951 .....	2,258	132
1952 .....	1,928	162
1953 .....	1,528	140

A total of 872 B.C.G. vaccinations were carried out during the year, many being children of school age.

## MASS RADIOGRAPHY SURVEY OF SCHOOL LEAVERS

Arrangements continue to be made with the Medical Director of the Manchester Regional Hospital Board's No. 2 Mass Miniature Radiography Unit for the examination of all children about to leave the Committee's schools.

Owing to the reorganisation of some of the schools in the City, the premises at Southall Street School, previously used as a radiography centre by the Unit, were not available this year and alternative accommodation was arranged at Smedley Road School.

As the Radiography Unit was engaged upon a large-scale survey of the population of a neighbouring city, it was unable to commence the examination of the school leavers until the last week of November and, therefore, will not complete the examination of this age group until March, 1954.

During the short working period available during 1953 only 1,500 children attended the centre for X-ray examination but, as the survey is incomplete, the Medical Director's report is not available and it is hoped to include his findings and statistical tables in the report for next year.



## ANTI-TUBERCULOSIS VACCINES TRIALS.

The supervision and "follow-up" of the Manchester children who are taking part in the national anti-tuberculosis vaccines trials has continued throughout the year under the direction of Dr. S. Keidan, who has succeeded Dr. G. G. Lindsay as Physician-in-Charge of the Tuberculosis Research Unit in this area. School nurses have made 5,246 visits to the homes of 3,279 children in order to obtain information about their subsequent health.

The following report, contributed by the Physician-in-Charge, outlines the procedure for the supervision of the participants in the trials:—

"The Medical Research Council, in co-operation with Manchester Public Health Authorities, is at present carrying out a large-scale trial of tuberculosis vaccines among young people to determine whether the vaccines should be introduced on a wide scale in Britain, in somewhat the same way as diphtheria immunisation.

In Manchester the trial began in January, 1951, and it is also being conducted in Birmingham and North London. Fifty-four thousand young people, of whom 6,000 comes from Manchester, are taking part. All these volunteers were X-rayed during their last terms at school, and a proportion of them were given the vaccines. The intake ended in December, 1952, and the follow-up of the young people, necessary to determine the value of the vaccines, is now being undertaken in several ways. A postal form, which each volunteer returns, is sent once a year. In addition, each volunteer is invited to have an annual chest X-ray. These examinations are carried out by the Council's Mass Radiography Unit at convenient centres, in the evening, and, so far, a high proportion of those taking part have availed themselves of the opportunity to attend. Besides being of value to the research, these X-rays are a great health safeguard to the volunteers.

An equally important part of the follow-up is an annual home visit by a trained nurse which, in Manchester, is being carried out by the School Nurses. Besides encouraging the young people to return for their annual X-ray and ensuring that interest in the scheme is maintained, they provide the opportunity for the recording of essential data. These visits, involving much painstaking work, have been carried out in a most conscientious and capable way, and much of the successful conduct of the trial so far is due to the nurses taking part.

Throughout the scheme there has been close co-operation between the Education and Public Health Authorities in Manchester, and the Medical Research Council. Although the difficulties of keeping closely in touch with such a large number of young people is considerable, it is hoped that the facts concerning the degree and duration of protection provided by the tuberculosis vaccines will be elicited. This knowledge, which cannot be obtained in any other way, will be of the greatest importance to the future control of tuberculosis, both in Britain and the rest of the world."

S. KEIDAN.

## MATERNITY AND CHILD WELFARE.

Arrangements have continued for children under school age to be treated for certain defects at school clinics at the request of the Nursing Services Division of the Health Committee. During the year 159 children were treated, and details of the age range and defects follow:—

<i>Ages of children treated</i>	<i>Number of children treated</i>	<i>Defective Vision</i>	<i>Ear</i>	<i>Skin</i>	<i>Speech</i>	<i>Debility</i>
0—1 years . . . . .	20	7	7	5	—	1
1—2 years . . . . .	13	9	—	4	—	—
2—3 years . . . . .	31	18	2	11	—	—
3—4 years . . . . .	40	27	1	11	1	—
4—5 years . . . . .	55	41	3	7	2	2
TOTAL . . . . .	159	102	13	38	3	3

Reference is made in the Senior Dental Officer's report to the joint scheme covering the dental treatment of expectant mothers or young children, as required by the National Health Service Act, 1946, Section 22.

## INFECTIOUS DISEASES.

The statistics showing the incidence of infectious diseases in schools are compiled from the weekly returns submitted by heads of schools, and include suspected cases as well as those confirmed by the Health Department. The figures for the year were as follows:—

Measles . . . . .	2,665
Whooping cough . . . . .	1,245
Scarlet fever . . . . .	771
Diphtheria . . . . .	26
Chicken-pox . . . . .	3,158

This shows a considerable decline in the incidence of measles compared with the previous year, when there were 7,064 cases.

It is customary to investigate all cases reported as diphtheria and, in consequence, five schools were visited and a total of 819 children had nose and throat swabs taken, which were subsequently examined at the Health Department Laboratory.

In one school the investigation revealed two active cases of diphtheria and 15 healthy carriers, all of whom were treated in hospital until free from infection. One other school remained free from further cases and carriers were not found. In the remaining three schools the original cases proved to be tonsillitis.

As was reported last year, the incidence of diphtheria in the City fell from 1,037 confirmed cases with 99 deaths in 1925, to 10 cases, none of which were fatal, in 1951, and 7 cases with one death in 1952. During 1953 there were 7 confirmed cases, only one of whom had been immunised. There was one death, that of an adult person. These figures reflect the benefit of preventative immunisation. A note about the Committee's scheme for diphtheria immunisation follows this report.



During the second half of the Autumn Term, three schools reported an incidence of sore throats. The schools were visited by a medical officer and the children in the affected classes examined. Throat swabs were taken, 29 of which showed the presence of haemolytic streptococci. It was thought that a mild form of scarlatina was affecting those districts, and that, owing to the short duration or even absence of a typical rash, the illness was often undiagnosed. Those children who had sore throats may possibly have developed an immunity to that particular infection.

NORAH REGAN.

### **IMMUNISATION AGAINST DIPHTHERIA.**

The immunisation of children continues to be carried out in school during the periodic visit of a medical officer to conduct the routine medical examinations.

In past years it was found that a number of children who required primary immunisation received the first injection at school, but failed to keep repeated appointments, for the second, at a local school clinic.

All children who, without giving a reason, fail to attend the clinic after receiving two appointments are now visited at home by a school nurse, who tells the parents how important it is for all children to be fully immunised against diphtheria. As regular immunisation sessions are held at the school clinics, the nurse is able to make a definite verbal appointment for the child at the time of her visit, and the appointment is later confirmed in writing. As a result of this procedure the number of incomplete cases of immunisation has been greatly reduced.

During the year, medical officers carried out this work in schools on 182 half-day sessions, 13,225 children being immunised, of whom 10,208 received a "booster" dose and 3,017 received the first injection of a primary immunisation, and of these 2,485 completed the course of injections at the local school clinic.

### **CHIROPODY.**

Chiropody treatment has been provided on two sessions each week at both the Newton Heath and Stretford Road Clinics as in the previous year. An additional session each week has been devoted to foot surveys in selected schools.

On November 1st, the services of the part-time chiropodist were increased from five to six sessions each week, and the extra session was used for making corrective appliances and occasionally for further school inspections.

The Committee agreed in November to further extend the service to 11 weekly sessions, and the appointment was made of another part-time chiropodist, who starts on 4th January, 1954.

The total number of children treated was 295, leaving 66 still receiving treatment at the end of the year and a waiting list of 649. Approximately 7 cases were treated each session. The majority of the defects were verruca pedis, hallux valgus and heloma durum. Corrective appliances were made and issued in a number of cases.

Examinations of the children's feet were carried out by the chiropodist at Brookdale Park, Hague Street and St. Anne's C.E. (Newton Heath) schools. The average number of children examined per session was 34.

Out of the total of 1,167 children examined, 525 were found to have defects requiring treatment, 6 being considered to need immediate attention. The following foot defects were found:—

Hallux valgus .....	265
Deformity of lesser toes .....	106
Pronated forefoot .....	67
Supinated forefoot .....	9
Heloma durum .....	39
Metatarsus varus .....	6
Hyperidrosis .....	6
Nail conditions .....	5
Tendo Achilles bursitis .....	2
Ganglion .....	1
Requiring further observation .....	19

The last-mentioned group includes 8 children with poor circulation, showing chilblains of varying intensity. These children were seen at Brookdale Park school early in the year and most cases were receiving home treatment. Where this was not so, they were advised to seek medical advice either from their own doctor or from the school clinic.

It will be noted that the condition of hallux valgus was the commonest complaint. In one instance it was found in two brothers.

The summary reveals that 316 children were wearing footwear of short fitting. Shoes worn by the children were generally satisfactory in the Infants' and Junior Departments, but were less satisfactory in the Senior Department. The senior girls showed a tendency to wear shoes of the "casual" or "fashionable" adult type and of short fitting. Wellington boots and other types of rubber footwear were again a common feature amongst the senior boys, but the "classic" type of boys' shoe was generally of good shape and fitting.

During the year a special survey has been undertaken on behalf of the Foot Health Education Bureau and is still in progress.

It is intended to complete a comprehensive age group for the Bureau's records. This work has been done at the time of the school inspections at two of the schools mentioned previously.

Throughout the year attendance at the clinics has been very good and I have received the interest and co-operation of the parents.

N. W. SLOAN.



Statistical details of the work done during the year are given below:—

	<i>Newton Heath Clinic</i>	<i>Stretford Road Clinic</i>
Number of children treated.....	168	127
„ children discharged .....	131	98
„ children receiving treatment at December 31st, 1953 .....	37	29
„ treatments given .....	841	699
„ cases awaiting treatment at December 31st, 1953 .....	541	108

Table of defects treated :—

	<i>Receiving treatment at 31st December, 1953, at</i>		<i>Cases discharged at</i>	
	<i>Newton Hth. Clinic</i>	<i>Stretford Rd. Clinic</i>	<i>Newton Hth. Clinic</i>	<i>Stretford Rd. Clinic</i>
Verruca pedis .....	15	6	37	25
Nail conditions .....	3	1	5	3
Hallux valgus .....	12	11	12	7
Deformity of lesser toes..	7	10	1	3
Heloma durum .....	—	1	10	7
Hyperidrosis .....	—	—	4	—
Tendo Achilles bursitis ..	—	—	2	—
Pronated forefoot .....	—	—	2	5
Painful heel .....	—	—	1	1
Bulla .....	—	—	1	1
Bursitis of fifth metatarsal head .....	—	—	—	1
Referred for remedial exer- cises at clinics.....	—	—	6	7
Referred to medical officer	—	—	—	1

Corrective appliances made and issued :—

<i>Item</i>	<i>Newton Heath Clinic</i>	<i>Stretford Road Clinic</i>
Medial wedge cork insole .....	1 single	1 pair
Slings for hallux valgus .....	4 single and 14 pairs	10 pairs
Budin sling for fifth toe .....	2 single	2 single

## MISCELLANEOUS MEDICAL EXAMINATIONS.

Medical Officers have again carried out, on two half-days each week, the examination of newly appointed members to the Committee's staff and those members of the staff who have been absent from duty for lengthy periods owing to serious illnesses.

There has been an increase during the year in the number of students entering Training Colleges and these are required, by Ministry of Education regulations, to be examined by the School Medical Officer.

Students completing a course at the Committee's Training Colleges were also medically examined in accordance with the requirements of the Ministry, as the Senior Medical Officer is also Medical Officer of these colleges. Arrangements were also made with the Medical Director of the Manchester Regional Hospital Board's No. 2 Mass Radiography Unit for these students to undergo an X-ray examination of the chest.

The following table shows in detail the number of examinations undertaken during the year :—

New appointments—teachers .....	286
New appointments—other staffs .....	206
New appointments—Nursery students .....	48
Staff resuming duty after illness .....	69
Students awarded University scholarships .....	20
Students leaving training colleges.....	237
Students entering training colleges .....	275
	<hr/>
	1,141
	<hr/>

MEDICAL EDUCATION

GENERAL MEDICAL QUALIFICATIONS

It has been customary for many years to afford facilities for doctors and students to visit the School Clinics and Special Schools. This practice was continued in 1953 and during the year these facilities were used by five doctors studying for the Diploma of Child Health; parties of students from Manchester University; students from the Committee's Nursery Training Centre ; students from various Training Colleges for Teachers and also visitors from the Queen's Institute of District Nursing.

HEALTH VISITOR'S CERTIFICATE COURSE

The Health Department is responsible for the local training of nurses who wish to gain the Health Visitors' Certificate. The course of training includes a series of lectures given at the College of Technology and periods of four weeks' practical training in the work of the School Nurse. In 1953, under the supervision of the Superintendent School Nurse, lectures were given to 40 students, who also visited Day and Residential Special Schools, School Canteens, the Youth Employment Bureau, and the School Clinics.

HEALTH EDUCATION

The School Health Service has participated in the Health Department Scheme for Health Education, as in former years.

The monthly magazine "*Better Health*" has been distributed to parents attending the school clinics. Posters on a variety of subjects have been displayed and a good deal of interest has been shown and questions asked from members of the medical staff.

Medical officers, dentists and school nurses, by personal contact with parents and pupils in the course of their normal duties, gave advice on general health matters. Such conversations make a valuable contribution to a better understanding of the art of healthy living.

Talks have also been given to Parent-Teacher Associations by various medical officers.



An experiment which has been carried out during the year is described below by one of the medical officers.

“During the past year, the work of the School Health Service in the field of Health Education has been furthered in one area of the City by the use of talks by the doctor on the occasion of the periodical medical inspections. It is thought there is a need for the children in school to hear the doctor speak to them on some aspect of keeping well, so that these children do not grow up thinking that our function is detecting deviations from the normal, only, but rather the Education for Health and the real interest of the doctor is the children’s health and well-being.

The school nurse does valuable work in this direction already, but the teamwork between doctor, school nurse and teacher can be strengthened in the field of Health Education.

Two periods of half an hour have been set aside when some topic has been discussed with the class with the use of film strips, and the second period has been followed up by showing a film bearing on this previous lesson. It is fully realised that such limited periods in themselves are not sufficient to cause any sudden or rapid improvement in health, but they are very valuable as a basis for the school nurse and the teacher to work from in Health Education during the term.

The defects in colour vision in schoolboys have been found to be a valuable lever in gaining the interest of the pupils and introducing the doctor to a wary and often tense class.

Although the results cannot be assessed in any concrete manner, it is yet another means of helping our children to maintain good health, and it is a field which would allow of expansion even at the expense of time normally devoted to the routine examination of children.

The Committee’s Visual Aids Department has been very kind in the way they have helped and is yet another example of inter-departmental co-operation.”

## **CO-OPERATION WITH PRIVATE PRACTITIONERS AND HOSPITALS**

In February, 1953, a scheme was introduced to notify private practitioners of children referred by a school medical officer for consultant or hospital treatment other than that provided by the School Health Service.

This gave each private practitioner the option of dealing with his patient personally, if he wished, or ensured that he knew where his patient would be referred, and that he would eventually obtain a copy of the consultant’s recommendations.

By the end of the year 123 cases had been dealt with under the scheme and, in all but four, the private practitioner agreed to allow the School Health Service to make arrangements for the consultation or treatment.

## MOBILE SHOWER UNIT

The reorganisation of the Mobile Shower Unit which was completed in December, 1952, resulted in the number of warm shower baths given to children in 1953 being raised from 17,790 in the previous year to 22,812. More shower baths were given in 1953 than in any year since the scheme started in 1947.

This increase of approximately 28% in the number of baths given, though gratifying, would have been even greater if the Unit had had an uninterrupted year's work. Unfortunately, 22 working days were lost because of mechanical trouble, staff sickness wasted another four days, and on six days the Unit was unable to work due to inclement weather. In addition to these stoppages, the Unit was prevented from working for another ten days because the boiler had to be inspected and checked for insurance purposes.

Two schools were deleted from the Unit's rota in 1953, at the request of their Headmasters, as reorganisation at these schools had removed the children who benefited by having the shower baths. The vacancies in the Unit's time-table were filled by adding St. Mary's School, Deansgate, to the rota, and by making extra visits to Mansfield Street and St. George's (at City Road) Schools, so that all eligible children on the rolls at those schools could be bathed. The Unit now visits 11 schools once per fortnight, and five schools once per month.

## EMPLOYMENT OF CHILDREN

In accordance with the City of Manchester (Employment of Children) Bye-Laws, 1949, children of 13 years of age and over are permitted to work outside school hours, provided certain conditions are observed, one of which is that the employment is not prejudicial to their health.

During the year 2,611 children were medically examined ; two were found to be unfit for employment and 237 had minor defects which responded to treatment. Where defects were found, or any doubt arose, a probationary licence was granted, pending a further examination following treatment. There were 428 children re-examined.

An analysis of the defects showed that over one-third were defective vision, just under one-third were minor ear defects, and the remainder miscellaneous minor ailments.

There was a decrease in the number of re-examinations compared with the previous year's figures, as the amended Bye-Laws no longer require the quarterly examination of children in employment.

Below are the details of the work done :—

Number of children examined as suitable for delivery work.....	2,478
Number of children examined to take part in entertainment ....	133
Total .....	<hr/> 2,611
Number of re-examinations .....	428
Number of children registered as unfit.....	2
Number of children with minor defects requiring treatment ....	237



## **CLOTHING AND FOOTWEAR**

The Education Committee provides clothing and footwear for the needy children of parents who are not receiving National Assistance. If the parents' income is within the scale laid down by the Committee, clothing and footwear are provided, either free of cost or on part-payment.

During the year ending December 31st, 1953, clothing and footwear were provided for 442 cases, of which 351 were free of cost and 91 on payment.

## **THE YOUTH EMPLOYMENT SERVICE AND THE HANDICAPPED CHILD**

The close touch between the School Health Department and the Committee's Youth Employment Service has been well maintained this year. Information relating to disabled children is made available to the Youth Employment Officer prior to the school-leaving dates, and not infrequently this information, compiled by the doctors, carries advice as to occupations which should be avoided in the child's interest. The Head Teachers of the Special and Residential Schools also give helpful guidance to the Youth Employment Bureau concerning those children about to leave school.

The wide contacts which exist between the Bureau and Industry, are of much practical value in selecting occupations which are within the capacity of the boy or girl and of effecting introductions to suitable vacancies.

The work of follow-up is undertaken by the Special Schools After-Care Committee, under the Chairmanship of the Senior Medical Officer. On this Committee the Youth Employment Bureau is duly represented, so that when the occasion arises of a child becoming unemployed, or unsettled at work, or desiring to make quicker progress, the services of the Youth Employment Officers can be made available once more in the child's vocational welfare.

## **THE SCHOOL MEALS SERVICE**

The School Meals Service Officer has kindly supplied the following report :—

“During the year ended 31st December, 1953, the total number of dinners served to children was 7,578,525 ; 1,069,444 of these being provided free of charge, and 9,429 on part-payment. During the Spring term the number of children having dinners daily was approximately 40,000, or about 45·7% of the children in attendance. As from 1st March, 1953, the Ministry of Education increased the standard charge for a school dinner from 7d., which had been the charge since 1st April, 1951, to 9d. The average number of children having dinners daily in Manchester schools dropped during the Summer term to just over

37,000, or 38.1% of the children in attendance. Later in the year the numbers increased to about 40,800, or 40.8% of the children in attendance.

The number of children having free meals rose from about 11.5% to 13%. The Committee introduced the partial remission of charge when assessing applications for assistance. The number of children allowed dinners for 5d. was 28.

The increased charge did not apply to Nursery Schools or Classes nor to Day Special Schools.

The Committee raised the charge to teachers not on dinner duty and other adults from 1/3 to 1/6 per meal.

A small number of breakfasts and teas were supplied to children attending care clubs.

The easing of food restrictions and the interest shown by many of the Supervisors in the planning, preparation and serving of the dinners, made it possible to provide more interesting menus, especially at self-contained canteens. A new feature was the service of party-teas from central kitchens to schools which have no means of cooking on the premises. 21,000 Coronation teas were supplied to 99 schools at a cost of 1/2 per head, without drinks. 55 schools were supplied with Christmas party-teas.

The Supervisor of a central kitchen was seconded to be in charge of the Emergency Cooking Centre organised by the Civil Defence Committee at Birchfields during the summer months. The School Meals Sub-Committee recommended that the fees be paid for two persons from each kitchen to attend the Centre for a two-day course. 106 members of the staff of the Committee's kitchens attended courses.

When considering the unit grant to be allowed for overheads for the year 1952-53, the Ministry asked the Authority to review the working of the School Meals Service, in order to affect economies in staffing. This was done, and except where there were special difficulties, the authorised hours were reduced in order to bring them in line with the Ministry's new staffing scales. The working time-tables at central kitchens were also revised in order to ensure that, so far as possible, food is prepared and cooked on the day it is eaten. The unit grant to be allowed for overheads for the year 1952-53 had not been notified to the Authority by December, 1952. The unit grant allowed by the Ministry for food was 8.2d. per dinner.

In order that the five District Organisers can be more readily available to the canteens in their districts, branch offices have been opened, three of them owing to the generous co-operation of the Youth Employment Officer and his staff.

A list of the Canteens opened and closed during the year is given in Appendix II. It will be noticed that with the opening of more self-contained canteens it has been possible to close two central kitchens.



## MILK IN SCHOOLS SCHEME.

There have been no changes in the arrangements for the supply of free milk. The quality has been maintained and the few complaints that have been made have been in connection with the time and place of delivery. It is desirable that more children in Secondary Schools should take advantage of the scheme. Only 76·5% have milk, compared with 95·0% in Primary Schools."

## APPENDIX I

Canteens in operation and the number of dinners served to children on 26th November, 1953 :—

	<i>No. of Units</i>	<i>Number of Dinners served :</i>			<i>Totals</i>
		<i>Free</i>	<i>Part Payment</i>	<i>Full Payment</i>	
Self-contained Canteens .....	56	1,114	13	13,528	14,655
Canteens for Dining only—					
Primary Schools .....	161	2,209	6	15,144	17,359
Secondary Schools .....	26	398	1	2,825	3,224
Special Schools .....	7	118	—	332	450
Canteen Centres .....	23	1,153	7	3,456	4,616
Purchased Meals .....	4	37	—	429	466
<b>Totals .....</b>	<b>277</b>	<b>5,029</b>	<b>27</b>	<b>35,714</b>	<b>40,770</b>

In addition, 49 teas were served to children in Care Clubs.

## APPENDIX II

Canteens opened and closed during the year ended  
31st December, 1953.

### I.—CANTEENS OPENED DURING THE YEAR.

<i>Self-contained Canteens</i>	<i>Capacity</i>
Greenbrow County Primary School .....	150
Poundswick County Primary School .....	500
Woodhouse Park County Primary School .....	500
St. Peter's R.C. School, Newall Green.....	500
Jews Infants' School, Wilton Polygon .....	500
Newall Green Secondary School .....	375
Button Lane County Primary School .....	500
<i>Self-contained Canteens opened for dining only</i> (until the Kitchen is completed)	
Moss House County Secondary School .....	500
<i>Dining Centres in Schools</i>	
St. Joseph's R.C. Secondary School .....	50
Charlestown County Primary Infants' School .....	375
Charlestown County Primary Infants' School (Nursery Section)..	60
Christ Church School, Bradford .....	120
Ravensbury Secondary School .....	100
Ravensbury Street Junior Mixed School .....	100
Ravensbury Street Infants' School .....	100
Cheetwood County Primary School .....	290
Jews Secondary School.....	75
St. Stephen's C. of E. School.....	75
Beech Mount Special School .....	40
St. Michael's R.C. School .....	100

II.—CANTEENS CLOSED DURING THE YEAR.

Central Kitchens

Southall Street Jewish Kitchen .....	500
City Road .....	1,000

Dining Centres outside Schools

Bengal Street Centre (St. Michael's) Hired .....	100
Southall Street Centre .....	200
Southall Street Junior Mixed School .....	100
Southall Street Jewish Centre .....	150

APPENDIX III

	June, 1953	October, 1953
Number of children taking milk .....	89,600	91,167
Percentage of children in average attendance taking milk .....	90.11	90.28

D. CHESTERS.

MEDICAL INSPECTION RETURNS

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups	
Entrants .....	11,398
Second Age Group .....	7,048
Third Age Group .....	4,178
TOTAL .....	22,624
Number of other periodic inspections .....	1,380
GRAND TOTAL .....	24,004

B. OTHER INSPECTIONS

Number of special inspections .....	53,416
Number of re-inspections .....	63,353
TOTAL .....	116,769

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	Total Individual pupils
Entrants .....	141	3,927	4,011
Second Age Group .....	1,060	1,705	2,467
Third Age Group .....	819	1,005	1,583
Total (prescribed groups) ..	2,020	6,637	8,061
Other Periodic Inspections..	296	497	668
GRAND TOTAL ....	2,316	7,134	8,729



TABLE II

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1953

<i>Defect or Disease</i>	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	<i>Number of Defects</i>		<i>Number of Defects</i>	
	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>
Skin.....	694	76	8,050	7
Eyes—				
(a) Vision .....	2,316	756	9,351	3,004
(b) Squint .....	991	139	3,552	899
(c) Other .....	172	27	3,073	1
Ears—				
(a) Hearing .....	147	167	433	35
(b) Otitis Media ..	315	107	886	11
(c) Other .....	242	28	2,388	4
Nose or Throat.....	2,189	1,551	3,478	144
Speech .....	148	284	164	24
Cervical Glands ....	132	283	144	22
Heart and Circulation	418	394	207	36
Lungs .....	833	400	261	44
Developmental—				
(a) Hernia .....	34	47	12	4
(b) Other .....	85	75	28	2
Orthopaedic—				
(a) Posture .....	217	367	153	25
(b) Flat Foot.....	367	428	280	30
(c) Other .....	498	396	1,185	27
Nervous System—				
(a) Epilepsy .....	47	30	21	7
(b) Other .....	212	87	97	2
Psychological—				
(a) Development ..	100	99	78	35
(b) Stability .....	87	91	26	9
Other .....	624	319	20,282	68

## B. CLASSIFICATION OF THE GENERAL CONDITIONS OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A (Good)				B (Fair)		C (Poor)		
		% of		% of		% of				
		No.	col. 2	No.	col. 2	No.	col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
Entrants .....	11,398	..	4,013	35.2	..	7,116	62.4	..	269	2.4
Second Age Group	7,048	..	2,289	32.5	..	4,651	66.0	..	108	1.5
Third Age Group	4,178	..	1,606	38.4	..	2,501	59.9	..	71	1.7
Other Periodic Inspections .....	1,380	..	349	25.3	..	970	70.3	..	61	4.4
Total .....	24,004	..	8,257	34.4	..	15,238	63.5	..	509	2.1

TABLE III

## INFESTATION WITH VERMIN

Number of examinations in the schools by the school nurses or other authorised persons .....	394,224
Number of individual pupils found to be infested .....	10,439
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	736
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	222

TABLE IV

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

## GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

	<i>Number of cases treated or under treatment during the year</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Ringworm : (i) Scalp .....	5	—
(ii) Body .....	38	—
Scabies .....	266	—
Impetigo .....	1,716	6
Other skin diseases .....	6,239	88
Total .....	8,264	94

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases dealt with</i>	
	<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint.....	3,319	68
Errors of refraction (including squint) .....	12,481*	602
Total .....	15,800	670
Number of pupils for whom spectacles were		
Prescribed .....	5,411*	12
Obtained .....	5,100*	7

\* (Including cases dealt with under arrangements with the Supplementary Ophthalmic Services).

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment		
for diseases of the ear .....	—	40
for adenoids and chronic tonsillitis ..	—	1,824
for other nose and throat conditions..	26	77
Received other forms of treatment .....	6,947	211
Total .....	6,973	2,152

## GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number treated as in-patients in hospitals : 78

	<i>by the Authority</i>	<i>otherwise</i>
Number treated otherwise e.g. in clinics or out-patient departments	1,078	84



GROUP 5.—CHILD GUIDANCE TREATMENT		<i>Number of cases treated by the Authority      elsewhere</i>	
Number of pupils treated at Child Guidance Clinics.....		313	2
GROUP 6.—SPEECH THERAPY		<i>Number of cases treated by the Authority      otherwise</i>	
Number of pupils treated by Speech Therapists		771	12
GROUP 7.—OTHER TREATMENT GIVEN		<i>Number of cases treated by the Authority      otherwise</i>	
Miscellaneous minor ailments .....		20,590	326
Other than above:			
Ultra-Violet Rays .....		810	1
Breathing Exercises .....		332	—
De-infestation Clinic.....		1,577	—
Immunisations aganst Diphtheria:			
Primary dose.....		2,485	
Booster dose .....		10,208	
Incomplete .....		532	
		13,225	—
Total .....		36,534	327

TABLE V

DENTAL INSPECTIONS AND TREATMENT

Number of pupils inspected by the Authority's Dental Officers:		
Periodic age groups .....		39,660
Specials .....		12,384
Total .....		52,044
Number found to require treatment .....		33,794
Number referred for treatment .....		32,420
Number actually treated .....		27,627
Attendances made by pupils for treatment .....		50,322
Half-days devoted to:		
Inspection.....		308
Treatment.....		5,165
Total .....		5,473
Fillings:		
Permanent teeth .....		14,904
Temporary teeth.....		1,274
Total .....		16,178
Number of teeth filled:		
Permanent teeth .....		13,427
Temporary teeth.....		1,204
Total .....		14,631

Extractions:		
Permanent teeth .....	8,237	
Temporary teeth.....	35,267	
Total .....	43,504	
Administrations of general anaesthetics for extractions .....		1,503
Other Operations:		
Permanent teeth .....	8,717	
Temporary teeth.....	1,594	
Total .....	10,311	

TABLE VI

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS  
(OTHER THAN HOSPITAL SCHOOLS) OR  
BOARDING IN BOARDING HOMES

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>	(3) <i>Deaf</i> (4) <i>Partially Deaf</i>	(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>	(7) <i>Educationally Sub-Normal</i> (8) <i>Maladjusted</i>	(9) <i>Epi-leptic</i>	Total (1) — (9) (10)				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1953 :										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes. ....	2	1	14	1	373	46	157	4	11	609
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes .....	7	7	9	2	379	49	184	7	11	655
On or about 1st December, 1953—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
Day pupils.....	—	—	1	—	259	164	459	—	—	883
Boarding pupils .....	34	4	114	2	152	39	72	7	40	464
(ii) Attending independent schools under arrangements made by the Authority....	—	—	—	—	—	—	—	—	—	—
(iii) boarded in Homes and not already included under (i) or (ii). ....	—	—	—	—	2	—	60	1	—	63
TOTAL (C).....	34	4	115	2	413	203	591	8	40	1,410
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
in hospitals .....	—	—	—	—	—	—	—	—	—	—
elsewhere .....	—	3	—	—	—	14	—	—	—	17
E. Number of Handicapped Pupils from the area requiring places in Special Schools, including any such children—										
who are temporarily receiving home tuition ....	—	—	—	—	—	—	—	—	—	—
whose parents have not yet consented to their attending a Special School .....	7	43	5	6	157	22	239	30	3	512
Number of children reported during the year:—										
(a) Under Section 57(3), excluding any returned under (b) .....										54
(b) Under Section 57(3), relying on Section 57(4) .....										1
(c) Under Section 57(5) of the Education Act, 1944. ....										75
Amount spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1953 .....										£857. 0s. 0d.



# TABLE VII

## SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

### I.—STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

	<i>Number</i>	<i>Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers</i>
(a) Medical Officers (including the Principal School Medical Officer):		
whole-time School Health Service	15	15
whole-time School Health and Local Health Services .....	2	·1
general practitioners working part-time in the School Health Service	8	3·64
(b) Dental Officers (including the Principal School Dental Officer) .....	22	14·36
(c) Physiotherapists, Speech Therapists, etc.:		
Physiotherapists .....	9	7·09
Speech Therapists .....	7	6·6
Chiropodists .....	1	·54
(d) School Nurses .....	69 + 7*	69 + 7*
Number of the above who hold a Health Visitor's Certificate .....	7	
(e) Nursing Assistants.....	9 + 5*	8·5 + 5*
(f) Dental Attendants .....	15	15

\* Employed full-time in Residential Special Schools.

### II.—NUMBER OF SCHOOL CLINICS : 16

### III.—TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED AT THE SCHOOL CLINICS

	<i>Number of School Clinics (i.e. premises) where such treatment is provided:</i>	<i>Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
<i>Examination and/or treatment</i>	<i>Directly by the Authority</i>	
Minor ailment and other non-specialist examination or treatment .....	11	—
Dental .....	13	—
Ophthalmic .....	1	—
Ear, Nose and Throat.....	1	—
Orthopaedic .....	2	—
Paediatric .....	—	—
Speech Therapy.....	6	—
Others—		
Cardio-Rheumatic .....	1	—

### IV.—CHILD GUIDANCE CLINICS

Number of Child Guidance Clinics provided by the Authority...1

	<i>Number</i>	<i>Aggregate in terms of the equivalent number of whole-time officers</i>
Staff of Centres :		
Psychiatrists .....	4	1·18
Educational Psychologists .....	3	3
Psychiatric Social Workers.....	4	3·36
Clerks .....	2	2





